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ROYAL COMMISSION ON MATTERS OF HEALTH AND SAFETY
ARISING FROM THE USE OF ASBESTOS IN ONTARIO

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Windsor City Hall
Council Chambers, Room 301
205 University Avenue East
Windsor, Ontario
Friday,
March 27, 1981
Volume VI


ROYAL COMMISSION ON MATTERS OF HEALTH AND SAFETY
ARISING FROM THE USE OF ASBESTOS IN ONTARIO

VOLUME VI

APPEARANCES:

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MR. JIM BROPHY	Local 27, and	
MR. GIL WATKINS	Windsor Occupational	
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MR. COLIN LAMBERT		

Windsor, Ontario
Friday,
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THE FURTHER PROCEEDINGS OF THIS INQUIRY
RESUMED PURSUANT TO ADJOURNMENT

APPEARANCES AS HERETOFORE NOTED

DR. DUPRE: Good morning, ladies and gentlemen.
My name is Stefan Dupre. I am the chairman of the Royal Commission
on Matters of Health and Safety arising out of the Use of Asbestos
in Ontario.

The Commissioner on my right, your left, is Doctor
Robert Uffen. The Commissioner on my left, your right, is Doctor
Fraser Mustard.

On behalf of my colleagues, let me express our
pleasure at being with you in Windsor this morning. Let me
welcome you all most warmly to this hearing, which is part of
a set of hearings that we are conducting in the province on an
informal basis. The purpose of these initial hearings is to let it
all hang out, so to speak, and to enable the Commission to be
educated by those who have had the interest and the good will to
prepare material for presentation to us.

Our first presenters this morning are from CUPE
and the Windsor Occupational Safety and Health Center. The
delegation is headed by Mr. Gary Hardcastle.

Mr. Hardcastle, you are most welcome. May I

DR. DUPRE: (cont'd.) please hand it over to you?

MR. HARDCASTLE: Thank you, Mr. Chairman.

5 First I would like to introduce the recording secretary of CUPE 27, a member of the delegation, Mr. Mike McGrail, on my left.

On my right, Mr. Jim Brophy of the Windsor Occupational Safety and Health Council.

10 I would also like to introduce two members of the executive of CUPE 27, Mr. Gil Watkins and Mr. Tom Meakin, who are sitting in the audience.

I will now turn the mike over to Mr. Brophy, who will read a brief statement. Then I assume he will be playing a tape show. Jim?

15 (REPORTER'S NOTE: At this time there was static on the recording which obliterated the first few lines of Mr. Brophy's presentation. The transcript picks up in mid-presentation.)

20 MR. BROPHY: ...this is an extremely dangerous substance and people exposed to it are at risk of contracting incurable cancer. In our community, workers and their families have paid a heavy price for this legacy of neglect. Just as you have heard the agonizing testimony of the widows of Johns-Manville workers, so has our community shared the grief and pain of widows, widowers and their children who have suffered while they watched a loved one perish because of asbestos. Just this last Christmas
25 a young father of two died after contracting asbestos-related cancer while working at Bendix for only eleven years. Imagine how this affected workers already traumatized by plant closures, unemployment, and now even premature death.

30 Even though workers in this city are hardened by years of difficult industrial work, it is important to remember that it has not deadened our spirit nor has it closed our eyes to the task which lies ahead. That goal is a safe and healthy

MR. BROPHY: (cont'd.) workplace as a right, not a privilege. Without this right our ability to protect our health and ensure our safety will be weakened. We need it to defend ourselves against the neglect and greed which characterize modern industry and their ever-faithful bedfellow - government.

To help make you aware of the reasons why our community reacted so strongly to the threat of asbestos exposure in the schools, our delegation would like to show you a slide show developed by the Windsor Occupational Safety and Health Council, called Acceptable Risk.

This slide show chronicles the activity of Windsor workers in four separate workplaces to defend themselves against certain toxic substances. It also shows how our community grew in awareness of the consequences of these exposures to our collective health. Each of these struggles was widely publicized in our community, and indeed in some cases became even national issues.

So when CUPE Local 27 held a press conference in early November of 1980 to announce its concerns, there was already a great reservoir of community support. This sentiment was to play an extremely important role in forcing a complete inspection of our public school system.

After viewing the slide show, Gary Hardcastle and Mike McGrail will read a statement summarizing our concerns and outlining our recommendations. We are then prepared to answer any questions you have concerning our experience as told in our brief.

For the time being I will have to turn out the lights here.

Do you want to hit the tape?

(REPORTER'S NOTE: The following is the dialogue accompanying the slide presentation.)

"Approximately one thousand Canadian workers will

TAPE (cont'd.): "die this year in accidents on the job. Many times this number will die as a result of diseases caused by the work they do.

5 The economic costs of illness and accidents is staggering. In Ontario, the total bill for compensation, other medical costs, lost production and training of new workers comes to one point four billion dollars a year. For every workday lost through strikes and lockouts, six days are lost through workplace accidents and disease.

10 Rather than eliminating the cause of tragedies through engineering changes, substitution of non-toxic materials, and control at the source, management tends to shift the responsibility for workers' protection onto the workers themselves. Elaborate safety campaigns are organized within the workplace, 15 big safety signs are posted, and the use of personal protective gear is encouraged. But the fact remains that too often working conditions are essentially unsafe.

Inadequately-maintained or poorly-designed machinery threatens workers' safety. Dangerously-high noise levels in auto factories, metal stamping and tool-and-die plants 20 have contributed to a rate of hearing impairment in Windsor that is one-third higher than the national average. Poor ventilation permits unnecessary exposure to dangerous dusts, fumes and chemicals."

DIALOGUE BETWEEN WORKERS:

25 "Hey Bob, I'm a little worried about this air. Don't you think you should be doing something about improving the ventilation? All these fumes and dust can't be doing me any good."

"Ah, don't worry your little head about it. Would we let you work in something that might hurt you? 30 Besides, this is a factory, not a flower shop!"

5 NARRATOR: "One of the major obstacles faced by workers in their fight for safe workplaces is the difficulty of obtaining information about the substances they are exposed to. Consider the example of Canadian Rock Salt in Windsor: For years the air in the cavernous underground mine was thick with black smoke from the diesel exhaust emissions and from blasting. Mine workers received company and government assurances that they were safe.

10 Bob McArthur, a health and safety representative from the mine, was not convinced:"

MR. McARTHUR: "We were worried about the smoke in the mine, so we went to the mine manager and told him that we were coughing up black sputum, getting headaches, burning eyes and feeling tired. He said there wasn't a thing to worry about - the smoke was just a discomfort factor."

15 NARRATOR: "The miners decided to investigate the problem themselves. They spent a full eighteen months gathering scientific data to support their suspicions. It turned out they had valid reasons to be concerned. Diesel emissions contain benzoapyrene, which is known to cause cancer. Diesel smoke can also cause heart disease and emphysema.

20 WORKER: "I have known quite a few guys in the mine who have died from cancer and heart attacks, and it really scares me. Some of the men wear respirators, but they can really get uncomfortable. They cut into your face or don't seal properly, and a lot of particulate gets through the filter anyway. These are filters that have been worn only two to four hours. Respirators are not the answer... not when there are other methods.

25 We have managed to get the company to make a few

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WORKER: (cont'd.) "improvements, but there is still a lot they could do. Instead of just blowing the polluted air around with intake fans, the company should install exhaust fans to get rid of the smoke. They need to improve the bulkheads that direct the airflow. They might even consider switching over to electric vehicles. The whole problem is, they don't want to spend the money. It's cheaper just to replace us when we die."

NARRATOR: "Present attitudes permit a degree of risk to workers. The acceptable risk is determined by a system which compares the cost to the employer of eliminating the danger to the cost in terms of human life and suffering. Employers may decide it is more profitable to simply shut down operations than to institute health and safety improvements. These corporate decisions are based on elaborate studies which determine the most profitable course of action."

Here again, the cost to the employer of making engineering changes, such as improving ventilation of updating machinery, is weighed against the cost of moving the operation to an area where health and safety demands may be less difficult to meet. Unfortunately, the cost to the community in terms of decreased employment and personal hardship is not a factor in the decision.

For thirty-five years the Bendix Corporation has operated two plants in Windsor for the production of asbestos brakeshoe linings. In 1980, Bendix permanently closed the doors of both plants, leaving five hundred workers without jobs. Earl Smith, president and general manager of Bendix Corporation of Canada said, 'The closing is simply a matter of economics and profits', but the workers believe that the move is related to

NARRATOR: (cont'd.) "health and safety problems.

5 In the preceding months, there had been nineteen compensation claims submitted on behalf of Bendix workers who contracted cancer and other asbestos-related diseases. Usually these diseases do not appear until twenty or twenty-five years after exposure. But in one disturbing case a young father of two has contracted inoperable lung cancer at the age of thirty-four. The tumors were found to contain asbestos fibres. He had been
10 working at Bendix for only eleven years.

Mike Caverhill, a former Bendix employee, is frightened:"

MR. CAVERHILL: "Every person who worked in that plant has got a potential timebomb ticking in their chest. You know, you go to bed at night
15 and you look at your kids, you tuck them in, you wonder if you are going to be around to see them going to college or getting married - your own grandchildren. You are living a hazard for the rest of your entire life that you might be stopped any minute, just cut short by cancer."

20 NARRATOR: "Since the Second World War over twelve thousand new chemicals have been introduced into the workplace, yet in Ontario there are guidelines concerning the use of only four hundred and fifty. Over the last thirty years the rate of cancer has increased dramatically. Today it is
25 estimated that twenty to forty percent of all cancer is caused by direct exposure to toxic substances in the workplace.

The Windsor Occupational Safety and Health Council distributed questionnaires to several Windsor plastics plants. The results were disturbing.

30 At one local firm the survey showed that seventy-one percent of the employees suffered chest pains, eighty-eight

5 NARRATOR: (cont'd.) "percent experienced dizziness and forty-one percent experienced blackouts. Symptoms such as nosebleeds, nausea, vomiting and numbness of the fingers were common.

10 Air sampling has shown that vinyl chloride and other toxic substances are present in the air, but at levels permitted by current government standards. But the workers who are suffering from a wide range of frightening symptoms are convinced that the allowable exposure levels are too high to protect their health.

The results of the questionnaire would certainly indicate that the plastic fumes are making them sick.

15 In a similar case, female workers at a Windsor pharmaceuticals plant have reported irregular menstrual periods. Several male workers developed enlarged breasts. It is suspected that these problems are being caused by airborne estrogen, a component in birth control pills.

20 There is also a growing fear about possible exposure to isodyl, a compound prescribed for emergency relief of angina attacks.

There is strong evidence to suggest that exposure to this chemical could cause increased susceptibility to heart attacks.

Larry Gauthier, a Wyant worker, is concerned:"

25 MR. GAUTHIER: "We first came to the company voicing our concerns about problems in **the** plant, the company responded that 'you are not giving us a body count or a number of how many people are being affected'. They wanted to know how many people were actually experiencing large breasts, if there was anybody actually falling on the job
30 from heart attacks. There was no preventative

MR. GAUTHIER: (cont'd.) "approach at all in their reponse that until we came out with the body count, our health and safety complaints were not legitimate ones.

I find it pretty bewildering that the company does extensive testing on the consumer level before they let a product out on the market, however, for the workers in the plant there is no testing whatsoever. We deal with much higher dosages of the stuff. We are dealing with therapeutic drugs which have a much higher effect on people who don't have problems.

The fact that the company would not research these areas tells us what concern they put first."

MANAGEMENT: "If you think your job is so dangerous, why don't you quit? Yeah, why don't you just get another job?"

EMPLOYEE: "Because it's the same everywhere. Besides, I can't give up my twelve years seniority. Why don't we push to get this place cleaned up?"

NARRATOR: "In Windsor, Ontario, workers from a variety of industries have come together to fight for better working conditions. WOSH, the Windsor Occupational Safety and Health Council, provides much-needed support for workers in their individual efforts to eliminate workplace hazards. It is also a source of information and education.

WOSH has brought media attention to several local health and safety issues, increasing public awareness and community support. Several government jurisdictions have passed legislation aimed at protecting workers. The Ontario Occupational Health and Safety Act which went into effect in October, 1979,

5 NARRATOR: (cont'd.) "gives some workers the right to refuse a job which they believe to be unsafe. A refusal may result in a government inspection which would otherwise be difficult to obtain. It also promotes the use of joint health and safety committees of management and workers.

10 But while such legislation may be a positive step, it does not provide the entire solution. Workers themselves need an effective voice in decision making which concerns their welfare from the planning stages of new plants to everyday operation, but in order for workers to achieve this control a major change is necessary in worker/employer and government relationships. Only then can workers be sure that their lives are protected."

15 (REPORTER'S NOTE: This concludes the slide/tape presentation.)

MR. HARDCASTLE: Okay, Mr. Chairman, I am prepared to continue on with our presentation.

20 We are concerned about asbestos in the public buildings. Our experience with the Windsor Public School System indicates a need for such concern.

25 Since our brief was presented to you at the end of January, results of the survey for asbestos in the Windsor Public School System by Dr. Ernie Sullivan have been released. This report states that there are forty-six schools in the Windsor Public School System that have potentially hazardous asbestos conditions. This survey was carried out only because of considerable public pressure that was exerted upon the school board. Prior to February of 1981, the trustees of the Windsor Board of Education had been assured by the administration that no exposed asbestos existed (September, 1979) and later, in October, 1980, existed only in sixteen buildings. This proved to be a substantial understatement to the problem.

30

MR. HARDCASTLE: (cont'd) This situation occurred because a serious survey for asbestos was not conducted until after the validity of the original survey was publicly
5 challenged. The person who carried out the survey in the summer of 1980, leading to the October report, admitted that he did not know what he was looking for when he conducted the survey, he had not been trained in asbestos detection, and had not been told of the dangers of exposure to asbestos, nor of how to protect
10 himself from it.

Two possible reasons for this survey not being carried out properly in the first place are: (1) lack of clear direction from the Ministry of Education and, (2) the concern about the financial implications of carrying out a thorough inspection and cleanup.
15

As a result, the potential problem was not treated seriously and was downplayed. This resulted in all those people who entered the school buildings, children and all staff, not being protected.

We suspect that this situation does not just exist in Windsor. According to the Ministry of Education report in April of 1980, one-fifth of the school boards in the province have not submitted a report to the Ministry. This was seven months after all reports were supposed to have been submitted. In only about one-tenth of those schools reported at this point was it stated that there was asbestos problems. In Windsor,
20 after a proper survey was conducted, it was found that forty-six out of fifty-three schools had asbestos problems. We must assume that similar construction methods were used throughout the province. Therefore, we come to the conclusion that the surveys in many of the other jurisdictions in this province were not thorough surveys.
25

This means that many people in schools throughout Ontario are now being needlessly and dangerously exposed to
30

MR. HARDCASTLE: (contd.) asbestos.

The inattention and negligence of local school boards have been and is being supported by the negligence of the provincial government. Our brief shows how the Ministry of Education failed to follow through in a serious way on its request for a survey. It did not enforce its deadline, it did not give adequate instructions on the seriousness of the problem and how to conduct the survey, and it did not make a sufficiently concrete financial commitment to the school boards.

The attitude of provincial government is best summed up by what Bette Stephenson commented in the legislature that, "...the leader of the third party, the NDP, is very much aware that he has been living with natural asbestos as a result of the structure of the earth on which he lives for all of his life".

I would now like to turn the mike over to Mike McGrail, who shall read our recommendations.

MR. MCGRAIL: As a result of the experience gained by the Canadian Union of Public Employees, Local 27, and the Windsor Occupational Safety and Health Council in combating asbestos exposure in the Windsor school system, we wish to make the following recommendations for the consideration of the Royal Commission:

1. Since there is no safe level of exposure to a cancer-causing agent and since we have the responsibility of protecting the health of future generations, a program for the complete removal of all asbestos in school buildings should be implemented.

2. Since the complete removal will take a period of time, we recommend as a temporary measure that immediate corrective action should be taken in all public buildings across the

MR. McGRAIL: (cont'd.) province under the supervision of the Ministry of Labour, with the co-operation of the Ministry of Education. This is a very important recommendation since our experience has indicated that no one agency seems to have the clear authority to enforce and protect the public from asbestos exposure.

3. When taking corrective action which would include the removal, encapsulation and enclosure of asbestos, the Ministry of Labour should adopt as regulations the Occupational Safety and Health Standards of the United States Government, Section 1910.1001.

4. Asbestos should be immediately adopted as a regulated substance. This will ensure that the confusion around the difference between 'guidelines' and 'regulations' will be eliminated.

5. The current standard for exposure to asbestos should be immediately lowered from 2 fibres per cubic centimeter of air to point zero five fibres per cubic centimeter. We recognize that there is no safe level of exposure to a carcinogen, so the zero five standard should be viewed as a minimum level.

6. We as a society should begin immediately to find a substitute for asbestos. This should be done with the co-operation and funding of the federal government.

7. Both secondary and elementary school teachers should be included under the Occupational Health and Safety Act, Bill 70, with full rights and privileges. Without the action of CUPE 27, the other staff would have had no real power to

MR. McGRAIL: (cont'd.) protect their health and safety.

5 8. Adequate finances should be provided by the provincial government to allow the school boards the necessary support to conduct a serious removal program. It was clear from the experience in Windsor that no real money was being given to assist the local school board and, therefore, contributed to their attitudes and practices.

10 9. A regular asbestos monitoring programme in both public and private workplaces should be required by law.

15 10. Regulations for disposal of asbestos should be established immediately. Windsor city workers, CUPE Local 82, were exposed to asbestos fibres while dumping refuse at a city landfill site.

20 The provincial government should establish an independent Occupational Health and Safety Center to conduct research and supply adequate professional support for trade union and community organizations.

MR. HARDCASTLE: Thank you, Mike.

Mr. Chairman, now we are prepared to answer any questions pertaining to our brief and to our presentation as well.

25 DR. DUPRE: Before I ask questions arising directly from your brief, I would like to ask one for the sake of clarification. It is my understanding that a part of the story that you have told in your brief is about to go before the courts. Is that correct?

MR. HARDCASTLE: Yes, it is.

30 DR. DUPRE: Just so that we don't muddy the waters further by entangling judicial courts with Royal Commissions, could you simply pinpoint for me which part of the

DR. DUPRE: (cont'd.) story is going to go before the courts?

5 MR. HARDCASTLE: Well, the part of the story going before the courts is related to Mr. Milburne, and the court charge is, not being protected under the Health and Safety Act.

10 As we go along if there's any questions that we feel could be related to the court charges, we'll have to remind the chairman that we cannot comment on them. Basically it's around, related to the protection of Mr. Milburne and the inspection by Mr. Milburne of the schools during the summer and the early part of the fall of 1980.

DR. DUPRE: Thank you.

15 If I could ask an opening question, I wonder if you or any of your colleagues, Mr. Hardcastle, would like to expand a bit on your final recommendation...namely that the provincial government should establish an independent Occupational Health and Safety Center to conduct research and supply adequate professional support for trade union and community organizations?

20 Could you tell me for one thing a bit more about what you see in this, and in particular what you mean by an independent center?

25 MR. BROPHY: As you probably are aware in reading the brief, at a certain moment in the process in which CUPE 27 was trying to get an adequate inspection of the school system, we ran into a situation which I would characterize as 'experts versus workers', which is that there was a series of physicians and engineers that had either made very, very partial or, I would say, minimum, incomplete inspections and then came public to say that there was no real concern from asbestos in Windsor schools. This took place where at best there was only a partial
30 inspection of fifteen schools.

MR. BROPHY: (cont'd.) We live in a community that is somewhat different than say Toronto, as an example, in which there are numerous industrial hygienists, physicians, engineers, that are prepared to do unbiased and impartial reports. So what took place is that we found ourselves being, where the public was being told on one hand by physicians and engineers that there was no problem, even though there was not an adequate inspection that had been carried out at that point, against workers that were in the school system and knew that there was in fact exposed asbestos in the buildings.

What finally took place is that the union contacted Dr. Gordon Antherley from the Canadian Center, who was extremely busy but changed his schedule to come down and appear in front of a public forum to explain to the public what the real dangers of asbestos were.

This made it very clear to us that we need, in order to properly defend ourselves against exposures to toxic substances in the workplace, certain kinds of technical, medical, engineering assistance that we will have access to that is not going to cost...force a small local into bankruptcy just to have access to those types of supports, those type of technical/scientific supports.

It should be pointed out that Dr. Sullivan, who finally did do the inspection, cost the Windsor school system a considerable amount of money. It would have been extremely difficult for a small local like CUPE 27 to have had the resources to afford such assistance.

So our last point was that we need access to that type of information and assistance that is free and accessible, specifically to trade unions and community organizations who are having to deal with these types of problems.

DR. DUPRE: So the Canadian Center on Occupational Health and Safety, then, is an example of what you are

DR. DUPRE: (cont'd.) thinking of here?

MR. BROPHY: Yes. Because of the limited amount of resources that the Canadian Center now has, it really is only
5 able to organize and collect information. That seems to be at this stage its main task, and I think they are doing an excellent job of doing that.

But we also believe that more of this type of resource is needed. We certainly need it and in that sense
10 provincial government, since the Health and Safety Act is a provincial jurisdiction, we would like an organization that would be set up for unions and community organizations to have access to.

DR. DUPRE: I'm still intrigued by the importance of independence here. As I understand the CCOHS, it is under
15 a board that is basically composed of representatives of labour and management, and it receives funding from the governments of the country, but it has an arms-length relationship with the governments. I am not sure...although Dr. Mustard may know... whether there are any government representatives on the CCOHS board.

20 DR. MUSTARD: Yes, I think it is...

DR. DUPRE: So it's a fully tripartite board - labour, management and government.

Is this kind of tripartite approach something that you approve of in terms of giving to a center of this kind
25 the independence that you deem important?

MR. BROPHY: Well, I would have some questions about whether a tripartite committee is truly independent from the point of view of workers in the workplace, but what we are certainly considering...let me give you an example of the types of problems that we face, for instance with the Ministry of
30 Labour, which we can characterize as independent since it is a government that represents the whole people.

MR. BROPHY: (cont'd.) In the news clippings that we placed in our brief, it mentions, for instance, quotes by the Ministry of Labour about two or three days after the issue of asbestos in the Windsor school system was made public. What the spokesperson for the Ministry said, in essence, was, that the Board of Education was their client, that any information or studies that they were carrying out in the schools would not be made public...in essence, they would not be made known to the union...and that as they saw it they were there to support the Board...which left the union supposedly with a neutral or independent agency completely now facing two adversaries in essence - the Board and the Ministry.

In our experience, this is a very common practice. In fact, it's the common experience.

I feel, frankly, that industry has tremendous access to scientific, technological information. It has not only their own staff, but access through government, and that what is really needed for a truly independent source so that the parties can come together as equals, which is the spirit of Bill 70, is that the trade unions and community organizations be given money to organize a center that would be completely funded through taxes and things such as Wintario, which has funded the training center, for example, for the Ontario Federation of Labour, and that this resource be made available in the broadest possible way to community and trade union organizations.

That, in my view, would be an independent group.

DR. DUPRE: I see. So what you are inviting us to entertain, then, in recommendation eleven, is the possibility of a provincially funded center whose board, however, would be composed entirely of individuals at large or individuals at large with labour union representatives?

MR. BROPHY: Yes. You see, we are trying to

5 MR. BROPHY: (cont'd.) deal here now, in a way,
that's...I mean I'm not against the line of questioning you are
raising, but we haven't really gone through how the panel would
be organized. What we are dealing with more is what our problem
is, how do we see rectifying the concrete problem we have had,
which is the case, frankly, in almost every one of the examples
we showed in the slide show, not just the case of asbestos in
the schools...which is, that we need access to technical,
10 scientific, medical expertise at certain points in the process
of trying to clean up the workplace.

15 Now, where do we get it? The problem with the
Canadian Center is, that essentially their function is not to
provide that kind of resource. We can't go to the Ministry of
Labour. They have, from our experience, have had a policy of
collusion with management. So where do we go? So we are in a
small town like Windsor...it can happen in many cities, Thunder
Bay, Sudbury, so on and so forth...where do the workers go?
Who is going to be there to support them in this conflict?
That's what we are trying to raise with point eleven, is that
we have that kind of resource.

20 This is an extremely expensive one and extremely
difficult one to get for those...well, particularly living in
a large metropolitan area such as Toronto or don't have access to
a person like Dr. Antherley. Frankly, I don't think that Dr.
Antherley could possibly service all the needs that there are for
25 workers in this province to protect themselves in the workplace.

30 DR. DUPRE: I'm asking my questions, Mr. Brophy,
because I very much appreciate that you have been thinking about
this problem of independence, and don't feel badly if you haven't
thought it through, because I haven't thought it through either.
But that makes two of us who are thinking about the role and
structuring of organizations that can be a source of independent

5 DR. DUPRE: (cont'd.) information, so I really very much appreciate the views that you have been putting forward, and I also appreciate the honesty with which you have qualified them as not being fully thought through.

Dr. Uffen?

10 DR. UFFEN: They are somewhat related questions because we have been exposed to this problem ourselves already in the particular area of measurement, identification of problems, and asbestos in particular. We have had access to the Ontario Research Foundation, which happens to have some of the very expensive, sophisticated equipment. It has a somewhat different kind of organization. Are you familiar with it and do you have any views about its independence?

15 MR. BROPHY: Well, I think our major...it was recommended to us at one point, because as you read in the brief the union asked that an independent second opinion be brought in because what was taking place is that partial inspections were being done and then on the basis of those partial inspections, the public was being told that there was no problem with asbestos in the schools.

20 In fact, after Dr. Sullivan and Gary Hardcastle completed the inspections it was found that there was asbestos in over forty-six schools..problems with asbestos in forty-six. The most we were ever told in the past was fifteen.

25 The problem is, how do you fund it? The problem is who...you have a small local as an example. We are not talking about large locals, say for instance the Auto Workers here in Windsor or the Steel Workers in Sudbury, something small. Who is going to come up with this money? It's a very, very difficult problem. They have to have tremendous resources available to them to handle it.

30 MR. HARDCASTLE: It's interesting...I would like

5 MR. HARDCASTLE: (cont'd.) to also comment on the problem with the Ontario Research Center is the time. You send in a sample and the time lapse on receiving the results, in some cases it would be six months.

10 DR. UFFEN: This is rather an interesting point. Could I just make sure I understand it? I can visualize a situation where a workman is undertaking some kind of a repair job or an alteration, and he encounters something and it may be asbestos, it may not, he is just a little concerned. You are suggesting that in some cases, some circumstances, we need a rapid assessment before they continue with the work?

MR. HARDCASTLE: Yes.

15 DR. UFFEN: You don't want to wait six weeks for a nice, precise scientific report?

MR. HARDCASTLE: I would say, you know, within forty-eight hours or seventy-two hours would be more of a reasonable time lapse, rather than, you know, three to six months in some cases.

20 DR. UFFEN: Would members of your union have an opportunity to take special courses? I have in mind something like a three-week course that would give them training that they might not have had previously for the identification of hazardous substances like asbestos.

25 MR. HARDCASTLE: Well, it's something that we have undertaken. Two members of the local executive attended one one-week course, but it didn't really get down to the basics of knowing what asbestos looks like in public buildings. It was just basically on Bill 70 and how Bill 70 works for the employee or for the worker. As far as any courses of that nature, I would say that you would benefit the workers, but I think it should be a joint program where both the workers, employees and the employer get involved in a program of such...and be funded possibly by the
30 provincial government.

DR. DUPRE: Dr. Mustard?

5 DR. MUSTARD: I would like to address the question of a joint committee function within your school system or school board system in Windsor. The brief and your comments this morning suggest that things may not be working as smoothly as one may desire.

10 For example, you indicated that you had problems in getting information. Yet the Act states quite clearly and it says, "Power of the Committee: It is the function of the committee and it has power to; (a) identify situations that may be a source of danger or hazard to workers"...and it also says, "obtain information from the constructor or employer respecting the identification of potential
15 existing hazards from materials, processes or equipment..." etc.

I would be interested to know if you really have, in your view, a good joint committee in operation, and if so, why you are having the difficulties in obtaining the information, etc., about the hazards and working as a joint committee to make
20 recommendations?

MR. HARDCASTLE: I think basically we have a proper joint health and safety Committee, so to speak. It's comprised of five on each side. The problem we have found in the early part when our committee was first formed was receiving the proper
25 information pertaining to the, our problem with asbestos. We found that after extensive correspondence between the parties that the proper information was forthcoming, but we feel that in some cases there is a tendency to deprive the employees of the proper information in particular buildings for fear, I think, of possible reprisals under the Act...like the right to refuse to
30 work, the right to walk away from the job, etc. We feel possibly

MR. HARDCASTLE: (cont'd.) that could be a reason why in some cases the employees are not provided with the proper information.

5 DR. MUSTARD: But when you have requested the information as a joint committee, you have been given the information, is that correct?

MR. HARDCASTLE: After extensive correspondence, yes, we were finally given the proper information.

10 DR. MUSTARD: And if you are concerned about identifying hazardous situations and you made the request to identify a hazardous situation, you have received the board's support to carry out that identification?

MR. HARDCASTLE: After a tremendous amount of pressure and correspondence, but not right away.

15 DR. MUSTARD: That was done internally? Did you have to involve the Ministry at all?

MR. HARDCASTLE: Yes, the Ministry was involved in some aspects, yes. They were...but we found that the Ministry here again did not take a very positive role. They took more of an evaluation and recommendation role, not a directive role, which we felt the Ministry should have taken a directive, rather than just sit and evaluate our health and safety committee or make recommendations. We felt that that was a very negative approach. We feel that the Ministry...persons come in, they should be given the authority to make a directive without fear of being...reprisals from the employer or from their supervisor.

25 DR. MUSTARD: Have you any situations since the Act has been put in force where information has come in about asbestos in a school that the joint committee's requested information has not been given to the joint committee?

MR. HARDCASTLE: Yes, yes.

30 MR. McGRAIL: Specifically the information that was available to the board regarding the conditions of William

5 MR. McGRAIL: (cont'd.) Hanz, the boiler room, did not come to us until the evening of November 3rd. The board had received its report some eight months previous to this and during that time the people who worked in the boiler room at that school were quite possibly exposed to some asbestos hazards. It was only as a result of a possible sleight-of-hand that we did obtain that information. We had subsequent correspondence over a period of three months to obtain the test results that were taken by the Ministry at that time.

10 DR. MUSTARD: But now there are no problems? There is a free flow of information?

MR. McGRAIL: I would say that right now between Local 27 and the board of education we have a very, very good working relationship at the present time.

15 DR. DUPRE: Just to ask a question on that point, your written brief certainly conveyed to me that you went through a very bad time here for some period of months, but the situation can indeed now be taken as substantially improved?

20 MR. McGRAIL: Yes, I would say it is substantially improved. At the present time the board is adopting a very serious attitude towards asbestos, and I would say towards all health and safety matters.

25 As recently as yesterday afternoon we inspected some of the schools for asbestos and some of the repairs that had been carried out. We were most satisfied. We were not completely satisfied because one of our original recommendations was that all asbestos should be removed from the building. The board, however, is doing a very good job encapsulating it.

30 By our original estimate, I believe that will probably...it has involved four men for the past three months and it looks like possibly it will take another year to encapsulate the remaining buildings. But to answer your question, I would say yes, the board now has a very responsible attitude and we seem to

MR. McGRAIL: (cont'd.) have opened a new day in labour/management relationships.

5 DR. DUPRE: Well, that is certainly very welcome news indeed, Mr. McGrail.

May I followup on the school control program?

10 Your brief, and for that matter your oral presentation, make it quite clear that you are fully aware of the alternative corrective actions that can be taken - removal, encapsulation, isolation. Are you satisfied at the moment with the decisions that are being made among these options? That is to say, on a particular project as to whether encapsulation or isolation or removal is the preferred control method?

15 MR. McGRAIL: Our position has remained constant since day one, that removal is the only option specifically in a school building where we have asbestos ceilings which are subjected to vandalism, where we have constant problems with various types of damage specifically along that line, where we have to consider that the child, I believe, exchanges two and a half times the air volume as an adult would under a similar circumstance, we have to take a long, hard look at total removal as it pertains to school buildings.

20 I believe in the United States that asbestos in school buildings is listed as one of the top five major health hazards. For that reason we still maintain the position that total removal is the only answer.

25 DR. UFFEN: A question of timing comes up about a proposed program for total removal. I'm trying to foresee what might happen. If we try to do this in a hurry there is always a possibility that people who really aren't qualified or experienced may make a hash of it.

30 Another possibility is that if we try to do it while the students are in the school, I have in mind something like this: Would it not be preferable to proceed in a careful

DR. UFFEN: (cont'd.) fashion using primarily the summer months when the students aren't in the schools to take corrective action, even if it took a little longer?

5 MR. McGRAIL: I would fully agree with your comment. I believe we are dealing with asbestos as the second most dangerous carcinogen known to mankind and any extra precaution that we can take...if an area is not a total priority area, then definitely probably the summer months when people are not in the building would be the best time to remove it.

10 DR. UFFEN: There is a related question that comes up about corrective action, whatever kind it is. That is, we may have a situation that needs to be corrected, but in the process of correcting it we expose the workers involved to a greater hazard than would have been in the first place. Do you have any views about this corrective action and its hazards?

15 MR. McGRAIL: Would you be referring to the workers in the building or the workers doing the asbestos work itself?

DR. UFFEN: I'm thinking about the fellows who go in to do the work. They are going to take it out and renovate it.

20 MR. McGRAIL: The people who are doing the work are adequately protected, we feel, at the present time. They have every available piece of safety equipment that is on the NIOSH list, and they have been well instructed at this point in time.

25 DR. DUPRE: By the people who are doing the work do you mean the maintenance employees of the school board or the employees of contractors who come in to conduct control operations?

30 MR. HARDCASTLE: At the present time it's the maintenance employees. We have three skilled tradesmen and one maintenance employee, but the outside contractors have not yet come in as far as any corrective action or removal. Basically

MR. HARDCASTLE: (cont'd.) all the work at the present time is being done by employees of the board of education.

5 DR. DUPRE: May I ask what kind of asbestos control work that is? Is that encapsulation?

MR. HARDCASTLE: It varies. The Sullivan Report is the report that has been passed on to these men. In the Sullivan Report it earmarks certain schools which constitute a major repair - in other words, removal, and the four employees are going by what this report specifically states. If it says
10 removal, it's being removed. If it says encapsulate, we encapsulate.

I would say in many cases removal is being done and the remaining sections being encapsulated. I would say percentage-wise the schools earmarked as major repair, I would
15 say around sixty percent of the areas is being removed.

DR. DUPRE: But for the time being all of the removal work is being done inhouse, is that correct, and therefore by school board maintenance employees?

MR. HARDCASTE: Yes.

20 DR. DUPRE: None of it is being contracted out?

MR. HARDCASTLE: No, not at the present time.

DR. UFFEN: Could I turn to a slightly different thing? I think it's recommendation nine. "A regular asbestos monitoring program in both public and private workplaces should be required by law".

25 The word 'monitoring' has a different connotation to different people. Would you like to enlarge on what you would visualize as a satisfactory start on monitoring?

MR. BROPHY: I think that monitoring, air monitoring, that part is referring to just air monitoring.

DR. UFFEN: Air monitoring?

30 MR. BROPHY: What we need is a complete inspection

MR. BROPHY: (cont'd.) program that would keep constantly in mind any type of dust or fibres, that the air value be constantly checked, any areas that that could happen.

Specifically in the manufacturing sector, for instance, the value be brought up to date in the afternoon. Air monitoring is extremely important in the manufacturing sector. We are not saying that's the only type of precaution that should be taken, but it should be one.

From what we have been able to ascertain from documents and data collected over the four months period concerning air monitoring in the schools, we don't consider that as a good way to perform a check. From the documents we were able to read, because the level of asbestos could not show that the fibres...the number of fibres would not be that many, we think we need another type of program, which is to inspect, a visual inspection of all the areas in which asbestos would be located.

For instance, it was mentioned before about the folks in the Hanz boiler room. For over six months the Ministry of Labour and the Board of Education knew that there was exposed asbestos in the Hanz boiler room. The union was not told, the workers were not told, there was no repairs undertaken, there was no change in work practices. That is to say, people weren't given protective equipment and so on.

When the union brought forward the issue of asbestos in the schools, the Ministry of Labour came in and countered with putting the air monitors of the board in the boiler room. Although we have never been told actually what they found, the presumption is that there was not many asbestos fibres airborne at that point. That does not mean that there has been no asbestos dust in that area, it does not mean that the workers who were there in that six months or even

MR. BROPHY: (cont'd.) before that were not exposed.

5 So in the case of public buildings, as an example, or areas where the level of asbestos dust may not be as great as for instance manufacturing or mining, we think a visual, regular visual inspection monitoring program is to be carried out.

10 Where it's used, for instance in the manufacturing process, we think that air sampling needs to be done. Not, as in some cases, at an advantage down in the basement when the brake lining room is on the first floor, but attached to the worker, personal samples, so that we are continually able to monitor levels of exposure.

15 DR. DUPRE: One other question occurred to me, Mr. Hardcastle, as a followup to your answer, which was that for the time being the maintenance employees of the school board are in charge of the asbestos control operations. Can you give us an idea of the kind of training in health and safety precautions these individuals have been given?

20 I think you have already specified that yes, the full list of protective equipment is available. What kind of training have these workers received in terms of the proper use of this equipment, and so on?

25 MR. HARDCASTLE: I would say that the training that they received is like on-the-job training, to be honest. Dr. Sullivan did make some recommendations, I understand it, to the board of education on how to properly protect the workers in the surrounding area when they are moving asbestos, etc., in the boiler room. The Ministry here again made recommendations pertinent to having barriers, for example, in front of boiler room doors.

30 As far as the protective equipment, here again

5 MR. HARDCASTLE: (cont'd.) I think it's information that was passed on to these men from experts such as Dr. Ernie Sullivan. The board, after a period of time, obtained all this necessary equipment. The men were then told to go into the area.

10 The steel tradesmen, for example, had knowledge of how to wrap a pipe. So therefore they assume that he has knowledge how to remove that wrap, damaged wrap. Basically the type of repairs being done right now is very well being done expertly, but I would say four months ago those same four men would go in and it would take them possibly a week to do a job, where today it takes them a day because they have achieved that on-the-job training as they went along.

15 Consequently, four months ago the job would be done...encapsulation, for example, was very unsatisfactorily done because they didn't really have that knowledge and expertise. Now they have attained that knowledge and expertise, so I think to answer your question it's on-the-job training. They trained themselves, basically.

20 DR. DUPRE: I can see how they acquired the knowledge and the expertise to conduct the actual control operation much more effectively and much more rapidly. Where have they gotten the knowledge and the expertise in terms of not the conduct of the operation, but the precautions that should be taken to protect their own health? Who has trained them in the actual use of the equipment, so on and so forth?

25 MR. HARDCASTLE: As I understand it, Dr. Sullivan here again passed on...you know...showed them...you buy this type of mask, this is how you wear it and you wear these coveralls. Basically, he had a lot to do with instructing the men, as I understand.

30 DR. UFFEN: Was your original objection to Dr. Sullivan not to dealing with him and his ability, but that you weren't consulted?

5 MR. HARDCASTLE: No. Our original objection,
I could say, was that Dr. Sullivan in the beginning said there
was no asbestos problem and he based that on his visual inspection
of about five or six buildings. We challenged that and said
that you could not possibly give, you know, say there is no
potential hazard in Windsor schools by just looking at five or
six buildings. We demanded a second opinion that all buildings
be checked again, and that we still maintain that, you know, if
10 you weren't satisfied with Dr. Sullivan's report then we would
again demand for a second opinion, someone else come in and look
at the buildings.

15 But the original report from Dr. Sullivan is
he was basing his opinion on five buildings that he saw
initially. We feel that was not enough to warrant such a mediocre
approach to a problem of asbestos in the schools. We challenged
that at that time.

20 DR. UFFEN: I tend to be interested in the
problem of measurement, for obvious reasons. It's one of the
things that we have to sort out early. Your recommendation
number five deals with standards for exposure. I don't want
to be nit-picking about phraseology, but it's possible to
misunderstand the second sentence: "The current standard for
exposure to asbestos should be immediately
from two fibres per cubic centimeters of air
to zero point five fibres per cubic centimeter.
25 We recognize that there is no safe level of
exposure to a carcinogenic, so that the zero
point five standard should be viewed as a
minimal level."

30 I would have interpreted your comment to mean that
it ought to be the maximum permissible, rather than a minimum.

MR. HARDCASTLE: Yes.

MR. BROPHY: Yes.

DR. UFFEN: Have I got it right then?

MR. HARDCASTLE: Yes.

MR. BROPHY: Yes.

MR. McGRAIL: Yes.

5 DR. UFFEN: All right. Now, could I pursue this just a little bit further. Is that a hard and fast figure, zero point five, or is that something that you would be willing to consider in the light of scientific evidence? I'll tell you what I have in mind. This is the 1978 policy for the United
10 States, but there are more recent policies in the United Kingdom which are different. At the present time there is a major study going on all over Europe. With the possibility that something other than zero point five or point one may become an internationally preferred standard, have you any firm convictions
15 about this?

MR. BROPHY: Sir, I think that one disadvantage we have in terms of that particular recommendation in terms of trying to answer your question is that we're not scientists and experts. We don't know at what level, for instance, cancer
20 can be produced in an experimental setting at certain levels of exposure. Point five, below that is cancer being caused? We believe that any exposures to carcinogens, cancer-causing agents, puts people at risk.

What we would like to see first of all is the lowest possible exposure level to be established and established
25 by law. I think it will probably come out later in testimony that one of the very important problems is this question of guidelines versus a regulated substance and the way that that was used to completely sidestep the real problem of potential exposure and potentially causing cancer.

30 Secondly, although it's not in our brief, I think the idea of an international, world-wide standard of

5 MR. BROPHY: (cont'd.) asbestos through such an agency as the United Nations, or whatever, is a very important goal. Because as you are probably aware or have heard testimony, one of the things that is taking place on an international level is that multi-national corporations, in order to duck regulations and controls here, are taking much of their asbestos work to the Third World. That is to say that they are exporting our health hazards to places like Mexico. I believe the International Metal Workers are now claiming that Singapore is becoming the asbestos capital of the world. Places where there is little or no protection for the workers in that setting, either legally or medically or whatever, and so if there was an international standard, not only for asbestos but all cancer-causing agents, particularly those related to the workplace, I think this would be of big assistance to workers in fight for a safe and healthy workplace.

DR. DUPRE: Dr. Mustard?

20 DR. MUSTARD: In your brief you, at several points, comment about the Ministry of Labour and its staff in relation to your problems. The comments suggest that support from the Ministry of Labour was perhaps not as good as you would have liked it to have been. That's my interpretation.

25 In the present circumstances, 1981, the Ministry staff that you are dependent to work with in terms of your joint committee function, is it giving you the kind of support that is satisfactory now? Have things changed?

MR. HARDCASTLE: At the present time we have not conducted any meetings which involve the Ministry, in 1981. The last meeting was in December of 1980.

DR. MUSTARD: How was that?

30 MR. HARDCASTLE: It was more of a...that meeting we felt, at that time, was a positive meeting as far as our attitude towards the Ministry. But that was the only meeting.

5 MR. HARDCASTLE: (cont'd.) The other meetings I had involving the inspection of the schools, I felt that they had a very comme ci, comme ca attitude. They wouldn't make any directions. When I even showed the Ministry where there was exposed asbestos only three feet from a floor, for example, in a gym area, they wouldn't make a directive. They would only evaluate the problem and make recommendations. I feel that they should have taken a very positive approach and said this has to be corrected. Not to evaluate and recommend.

10 I feel that the Ministry of Labour inspectors should be given more authority. If they do have that authority, they should use it instead of getting away from these recommendations and evaluations.

15 DR. MUSTARD: Now with the Act in place, in your experience, you don't have any negative comments to make at this stage? That's how I would interpret your comments.

MR. HARDCASTLE: Yes.

20 DR. MUSTARD: The second question: The Ministry of Labour has put in place an information system freely available to anyone who wants to contact the Ministry in Toronto. Have you ever used that about any of your problems?

MR. HARDCASTLE: No.

25 DR. MUSTARD: This gets back to the question that you are asking about, an information source. You have never tried it?

MR. HARDCASTLE: No, we have dealt solely with the Ministry officials right here in Windsor.

30 MR. BROPHY: One point as an example, the original sampling that was done supposedly to determine whether certain insulation was asbestos material or contained asbestos, this was supposedly sent to the Ministry of Labour. I think it was twice it was sent in. As an example, it apparently got lost in the mail. Now we may want to blame the post office for

MR. BROPHY: (cont'd.) that, I don't know.

DR. MUSTARD: That's federal, I believe?

5 MR. BROPHY: Yes. But the problem, of course, is that industry and labour was never quick to...this information was never made available. I think it was done two or three times, on two occasions.

10 Also, when the Ministry of Labour did do the sampling and did inform the school board in, for instance, the case of the exposed asbestos in the Hanz boiler room, this information was not available to the union. I mean it was not given to the committee.

15 DR. MUSTARD: But now with your joint committee in place, if that information came in you would expect to receive it in the joint committee, surely?

MR. BROPHY: Yes.

20 DR. MUSTARD: Then you have no examples of it not...no, I was getting at more...you were commenting about lack of information, just general information, not about specific things, and the Ministry does have an informational system that you have never made use to sort of augment your own understanding about the basic problems?

25 MR. BROPHY: All the information that we got came from...you are referring to, for instance, like the report or the guidelines and so forth, the Toronto School report on asbestos. None of that material was made available to us through the Ministry. We received that in an informal manner from other people.

30 DR. MUSTARD: All right. Now, let me turn to another question. The workers who come in to, in the school system and also any contractors that come in, one would be concerned about their knowledge about the asbestos hazard and the proper way of removal. Then your answers to Dr. Dupre, I wonder if you could go a little bit further. Does the joint

5 DR. MUSTARD: (cont'd.) committee that you have understand what those procedures should be for removal, and does it play a role in ensuring that the practice of the work force within the school system really abides by those guidelines for the removal of asbestos, and also would the joint committee be at all concerned about any contractor who might be hired to come in and do the work, that they too would exercise the appropriate procedures for the removal of asbestos?

10 MR. HARDCASTLE: I would say the joint committee was well aware of the proper procedure in protecting the workers on removal, and yes, I would feel that there is that concern about outside contractors coming in and the protection they would give themselves as well as the workers and staff in that building. There is that legitimate concern at the present time. We feel
15 that with the outside contractors coming in, they might not provide their own workers with that adequate protection. They might do a haphazard job on removal, thereby not protecting your remaining staff.

20 DR. DUPRE: I would like to just shift to another one of your recommendations, if I might. Recommendation number eight, "Adequate finances should be provided by provincial government to allow the local school boards the necessary support to conduct a serious removal program".

25 Now, whether they are adequate or not, my understanding of the financial situation on asbestos removal or other control operations is that they are covered by provincial school grants according to the same scale as other capital items.

30 You go on to say, "It was clear from the Windsor experience that no real money was being given". Of course in this day of high inflation I'm not sure if there is such a thing as 'real money' anymore, but in any event that's

DR. DUPRE: (cont'd.) just an aside.

"That no real money was being given to assist the local board and therefore contributed to their irresponsible attitudes and practices".

Just in general, are you trying to convey to the Commission that the current financial scheme whereby the province does assist school boards with asbestos control operations according to its normal grant formula is inadequate for the purpose?

MR. McGRAIL: We are not totally familiar with the financial structure of Queen's Park, but I believe it was quoted to us at one point that the Ministry of Education at some point would give the local school board approximately sixty-five percent, I think it was, up to a certain amount. We did perceive...and it was only perception on our part...that part of the problem that we encountered with the board was as a result of the cost of repair. I think at the present time to repair asbestos as it exists in the Windsor school system, the total repair bill could be well in the area of a million dollars, or certainly in that vicinity.

If such a thing is true and the school board is only being reimbursed sixty-five percent, we can appreciate the fact that it would have some reflection on their budgetary figures for 1981.

DR. DUPRE: But you are not suggesting...or are you? I'm asking because some groups have suggested this, that the province simply take over the whole of the financing of asbestos control operations?

MR. McGRAIL: Yes, I would feel that that should be one of our recommendations because we can certainly appreciate some of the smaller school boards who are already in financial straits, that yes, they do not have the money to

MR. McGRAIL: (cont'd.) adequately maintain an asbestos program.

5 DR. DUPRE: What would be your view of the province taking over the asbestos control program as well?

MR. McGRAIL: That's something we haven't discussed yet, but I think that probably on a joint venture we could say that that would be a very good recommendation from the Commission. I believe that one school in Bowmanville, it cost a million dollars in 1967. Now the repair program will cost approximately a million and a half. We did get a figure somewhere in that area.

DR. DUPRE: Dr. Mustard?

15 DR. MUSTARD: The question, you have a recommendation number ten about disposal of asbestos. What approaches are being used in the Windsor area for the disposal of the asbestos that has been removed? You expressed some concerns that there may be some unfortunate exposure in this. Are there now policies in place to handle this in your area?

20 MR. McGRAIL: We are not fully aware of what is being done under departmental protection laws, or to...the Windsor Board, I understand, has been keeping all the asbestos that they have removed in plastic bags and they are applying for a permit to have it moved...I believe at the Harwoods Dump. As a result of our actions...in fact the night that we held our public forum in November, the city workers became aware that people were removing boilers throughout the city and placing the asbestos in plastic bags and apparently at their waste disposal transfer point the bags were being broken open and the dust was actually falling down on the workers as they unloaded the garbage at that point.

25
30 What is being done with Local 82 that represents the city workers at the present time, we have no idea.

DR. DUPRE: Well, I have no more questions and my

5 DR. DUPRE: (cont'd.) colleagues have also signalled that they are satisfied. May I, Mr. Hardcastle, Mr. Brophy, Mr. McGrail, on behalf of my colleagues, thank you very warmly indeed not only for copious written presentations, but for your oral presentation this morning, for the manner in which you entertained our questions. This was a most useful session for us indeed.

MR. HARDCASTLE: Thank you very much.

10 DR. DUPRE: May I just comment for a moment on the Commission's schedule for the rest of the day. We have an extremely full afternoon which will begin at one-thirty, and at which we will be hearing from the Ontario Ministry of Labour, from the United Auto Workers of America, from the London and St. Thomas District Labour Council, and from the CUPE London District Council.

15 Due to a change in scheduling, we find that for the balance of the time we have set aside for this morning, that is until about 12 noon or twelve fifteen, there are no presenters. May I therefore simply do the following: I am going to call a ten minute coffee break at this time and during that coffee break I will...if there happens to be anyone in the audience who would wish to address the Commission briefly after the coffee break, I will ask you during the coffee break to simply speak to our executive co-ordinator, Miss Linda Kahn. Give her your name so she may schedule you for a brief presentation.

25 Let us now break for approximately ten minutes.

THE INQUIRY RECESSED

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THE INQUIRY RESUMED

DR. DUPRE: Ladies and gentlemen, we shall reconvene.

5 May I, at this time, may I at this time welcome most warmly Dr. Frank Innes, Professor of Medical Geography at the University of Windsor. The interest which Dr. Innes has in the asbestos problem is one that has been known by this Commission since the time of its appointment. I therefore, Dr. Innes, welcome you all the more warmly this morning. Please proceed, sir.

10 DR. INNES: Thank you, sir. I did not come prepared, in fact, to make a presentation, not having really very much substantive material to report on. But I would like to take the opportunity offered to indicate first of all that although the University of Windsor does not have a medical school, we do have a number of professionals who are relating in their current interests and research to the kinds of problems that concern this group and this Commission in particular.

15 We have a nursing school, we have a school of social work, we have an engineering faculty, and I, myself, am in none of these. I happen to be a geographer in an area of geography that is fairly new in Canada, the study of the instance and distribution of disease, and disease types, and also of the facilities to treat in relationship to these instance patterns.

20 The University of Windsor is given some leadership in this particular area in that we were able to have Dr. Melvin Howe of the United Kingdom, and Dr. Leermatz, over to the campus as visitors in the last few years.

25 This has developed an interest of a number of faculty, as I was mentioning, in the area of the instance of disease and the quality of the environment. This group has been meeting periodically and has in fact before the University at this time a proposal for formal recognition and for some

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DR. INNES: (cont'd.) development.

5 The work that has been formed has not specifically related to asbestos, although members of the group that I am referring to did bid on a contract to work on the problems in the Bendix Corporation about a year ago. We were able to review the files of the employees and to discuss the dimensions of the problem with the Corporation, and we did submit a suggestion that we could do a longitudinal study of the health experience of workers in the Windsor plant and also in the other plants in the United States.

10 Unfortunately, events caught up with us and as you know, the Corporation packed up and withdrew. At that time I contacted the Commission, who had just been appointed, and mentioned the problem of carrying out such studies in the probability that the employment records of the company would be removed and not be accessible to researchers and others.

15 I was in contact with Vital Statistics in Ottawa. I understand that it is possible in an epidemiological sense, if one has personal data on individual data on individuals in terms of their place of birth, their parentage and so on, now to trace their health experience at least in terms of whether they are presently alive or dead, and if they were dead what in fact was the cause of death. It was our proposal that we would have carried out such a study using this data.

20 Another point I would like to mention to the Commission is the problem of accessibility of the necessary epidemiological type of data. I know Dr. Mustard knows all about this, and of course the province has seen the recent Commission to look into these questions. But it seems to me that in view of the publication from Health and Welfare Canada on a new Perspective on the Health of Canadian, published in 1977, pointing out that many of our problems relate to workplace and to

DR. INNES: (cont'd.) possible environmental causes of illness that it is essential that researchers such as myself and others have access to the necessary data to locate exactly the dwelling place of members of our population, length of stay at that location in terms of the larger environmental problems, and of course, data in terms of occupational history. These questions are very real questions if we are to ever tackle the kind of problems that face us.

So we have really two problems here. One is the distribution in the community as a whole of the potential toxins, asbestos and the whole range of others that have been touched on this morning, and in second place, to match these patterns with actual clinical cases of location, of disease, incidence in the population.

I would ask the Commission to bear in mind then the need for this kind of data availability to researchers.

I would conclude, I think, by simply suggesting too that in terms of a monitoring operation that this community has educational institutions, McClear College, the University of Windsor, and has a degree of accessibility to these institutions that should be used to carry out the kind of monitoring on a short-term immediate basis that has been suggested this morning.

Of course, given the current financial difficulties of such institutions of higher education, it makes it very difficult for universities to see that they have the right kind of people for doing this. We are not in a position of hiring new faculty, and therefore we need some flexibility to be able to respond to these community needs. But I think this is all part of the potential that we have in the community such as Windsor, and although I speak entirely off the record as far as the University is concerned, I would express the hope that the working community of this city would be able to get some response

DR. INNES: (cont'd.) very positively from these institutions, one of which I represent.

Thanks very much.

5 DR. DUPRE: Thank you indeed, Dr. Innes.

May I just ask in connection with your point on the accessibility of data, whether you have had the chance yet to assess the recommendations of the Krever Royal Commission on the Confidentiality of Health Records?

10 DR. INNES: Frankly, sir, I haven't managed to go through that...I think it's three volumes...so I am a little unclear as to just how much manoeuvrability we have. I might say that right at the moment I am working with a student on the incidence of mental health problems, and the guidelines laid down under the Mental Health Act of the province seem to be
15 much more amenable to the kind of research I am talking about than anything that has currently so far been implemented in other areas.

DR. DUPRE: Dr. Mustard?

20 DR. MUSTARD: If one takes up the challenge of trying to monitor exposure of the population to hazardous substances in its environment, in the workplace, there are some complex issues in confidentiality. I wonder if I might just ask you to give your comments on each of these: One of them, if you are dealing with a workplace, there surely would have to be a record kept of exposure and what other measurements
25 were available about the worker. That person will then quite likely move to another place of employment, maybe in another jurisdiction within the country. Then finally there would be the health outcome of that individual which you would be concerned about...sickness, death...and so you might have four or five records that need to be linked at some time to get a
30 meaningful piece of information. I'll take up our chairman's question: Linkage of data is difficult. I'm told if your

DR. MUSTARD: (cont'd.) mother's maiden name is on the file that's almost as good as a social insurance number, but not quite.

So that people concerned about this feel that the value of having a good linkage system to improve the quality of the information is extremely important, and they almost come down to a unique identifier and almost always you come down to the social insurance number because trying to track people, you may want to get into the employment records.

Dr. Krever's recommendation doesn't support that type of approach, so as a professional in this area what kind of solution do you have for this problem of being able to adequately link records to achieve an objective that we all might share in terms of improving the quality of the information, but recognizing the need for privacy of the individual and the risk that you have when you have unique identifiers?

DR. INNES: I may address this...as a geographer I am concerned in the age and sex and location of residents and so on. I am not really concerned with the name of the individual in terms of accessing records, so that in the records that I have dealt with it is usually impossible to release the place of residence, the occupation and the place of birth and so on, without saying exactly who the person is. Now I recognize that that opens the possibility of misuse in terms of trying to make a personal contact and place of residence, but we have not done that.

In terms of linking records, I was impressed in consulting with Dr. Howe, the visitor that I mentioned, that the British system seems to be somewhat better than ours, better able to trace than is the case in Ontario.

There is locally a promotion...and again I'm sure Dr. Mustard is aware of this...a thing called the Stats Medical

5 DR. INNES: (cont'd.) Diary. It seems to me that is very much a second best when most medical procedures are billed to OHIP, and it would seem to me that there must be some way of accessing data on incidence, not waiting for mortality, from the OHIP files for researchers to map and to look at the clustering and distribution of actual patterns in the population. But I have no final answers. I know that people in Health and Welfare and Vital Statistics are working on the linking problem.

10 We have been very fortunate locally in that we have been able to access limited amounts of data for our research through the channels available, but we do have natural hesitancy on the question of confidentiality, and indeed right at this moment the study I referred to earlier, though we have had some very real co-operation from the St. Thomas Hospital, we have some difficulties in the mental health area with the administrators of the local hospitals.

15 DR. MUSTARD: Can I ask you a question in a slightly different area? Being a geographer concerned with health problems, in some countries maps of cancerism hot spots have been identified. The state of New Jersey, you may recall, with all its chemical industry, shows up with a much higher incidence of cancer than many other sectors of the United States. Do you have any feeling for where Windsor shows up...

20 DR. INNES: Well, sir, there is, as you know...

25 DR. MUSTARD:with the incidence of cancer as compared to...

30 DR. INNES: ...a recent atlas that is being produced nationally by Health and Welfare that shows such patterns, but at the level of census districts, and these are not precise enough. My own research has been looking at the patterns in the internal structure of a city like Windsor, and we published a little while ago a study on ischemic heart disease showing that there is very real variation within Windsor.

5 DR. INNES: (cont'd.) Windsor scores high in this particular health problem. But within Windsor we have a pattern on the west side of the city and particularly, interestingly enough, on the female lower-income group areas, that is extremely high on standardized mortality rates. This is causing some concern and some interest in the local medical community.

So I think that the need, if we are looking for environmental factors, is to be very specific as to locations.

10 As I mentioned, there is also the problem of the mobility of the population and how long a person has been resident in an area, and of course this applies to the workplace as well, how long has he been exposed...though I was at your meeting in Toronto where there was some discussion about how important the links of dosage was to the case in point, asbestos.

15 I might add that our work is not limited to this in that we have, by means of questionnaires, collected a considerable amount of data on nutrition levels and on what we generally refer to as lifestyle patterns - such things as smoking habits and so on. We have a data bank of this data derived from about a five percent sample of the households in Windsor, at the University of Windsor at this time. It is currently being used as a basis for thesis research.

20 DR. UFFEN: I've got two questions, one of them sort of follows up on this. Is it possible to integrate exposure and time to get a total lifetime accumulated exposure?

25 DR. INNES: I heard the experts from McMaster in Toronto. I don't think I am any more of an expert, certainly not anything like as good as they are. I don't think I can answer that specifically. I would like to think it would be true, that we could get some sort of real measure.

30 We did in the case of talking to the Bendix Corporation get some quality kinds of statements. They indicated

DR. INNES: (cont'd.) that they could tell us which workers were in which area at different periods and for how long...in other words, the rotation within the plant. But
5 whether we could be more specific than that, I doubt it.

DR. UFFEN: I have another somewhat more specific question. I know there is an engineering geology program at the University of Windsor, so I am assuming they have got microscopes, optical microscopes and probably x-ray diffraction equipment. But the question was raised this morning about
10 fast response. If everything sort of depended on a laboratory in Toronto, no matter how willing they might be, they may not be able to respond fast.

Does the University of Windsor have the sophisticated equipment? Have they got a transmission electron microscope?

DR. INNES: Again, it's not my particular area,
15 but my understanding is that yes, we are equipped to handle that kind of thing. I am not sure that we have anyone specifically working with this problem, not with asbestos at this stage, and therefore I think there was some difficulty in getting a response when the group contacted...that was speaking this morning
20 contacted the University. We didn't have anyone working with asbestos as such.

But I think there is an opportunity there that should not be missed, and as I say, we are restricted, as most universities are, in terms of funding to get the right kind of person in there. Certainly it would be my hope that someone
25 could, on sabbatical or otherwise, be trained to act in this capacity.

DR. DUPRE: Dr. Innes, we are most indebted to you indeed for having come forward. May I please invite you, should you have any thoughts about the recommendations of the Krever Commission on the Confidentiality of Health Records, to
30 communicate them to us at your leisure. Thank you very much, sir.

DR. DUPRE: (cont'd.) The Commission now rises until one-thirty.

5 THE INQUIRY RECESSED
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THE INQUIRY RESUMED

10 DR. DUPRE: The Commission will now come to order. I wish to welcome the delegation from the Ontario Ministry of Labour. The presentation this afternoon will be led by Dr. Ann Robinson, Assistant Deputy Minister of the Occupational Health and Safety Division.

15 Dr. Robinson, ma'am, you are most welcome. We are in your hands.

DR. ROBINSON: Thank you, Mr. Chairman, Commissioners.

20 I am accompanied today, on my immediate left, by Dr. Max Fitch, who is Director of our Special Studies and Services Branch, and on my right by Mr. Stan Orlowski, who is the Associate Chief Architect for the Ministry of Education.

25 The Ministry's initial brief, which we presented to you in February of this year, gave an overview of Ministry responsibilities and activities in controlling worker exposure to asbestos. We have recognized that as the Commission's work progressed the Ministry might wish to make more detailed statements on specific topics. Two on which supplementary submissions seemed appropriate are studies to develop more reliable information on the relationships between the work experiences and health experiences of Ontario workers, and the asbestos control program in the province's schools. The material
30 presented on the second topic refers mainly to the role of the Ministry of Education.

5 DR. ROBINSON: (cont'd.) If I may start with the studies relating workers' employment and health experience: In the area of occupational health recent efforts to provide more satisfactory protection to workers have identified new information requirements. They become evident as demands for better health protection on the job and cost constraints combine to make necessary both more precise definition of hazards and more sharply targeted control measures.

10 This need for information is illustrated by the constantly-changing views worldwide about levels of asbestos exposure which can be tolerated at work, and about meaningful measurement of them.

15 The Ministry's earlier discussions with the Commission about control limits and methods of analysis for airborne asbestos are cases in point. However, similar illustrations can be found with respect to other substances or conditions which create occupational health hazards. The Ministry recognizes the need for Ontario-based study and research on occupational health as a source of policy development information. Such work has been in progress since the early years of the last decade and is intended to complement that available from other jurisdictions. However, it was the Royal Commission on the Health and Safety of Workers in Mines...otherwise known as the Ham Commission, which fully outlined the need for scientific observation of the health experiences of our own workers.

25 That Commission recommended a range of studies to assess the health of Ontario mine workers. Some of these were to be periodic health reviews at intervals of two to five years. Others were to be studies to obtain new knowledge about the development of occupational diseases.

30 The Commission saw the studies as having a two-fold benefit in that they would provide information that would be

DR. ROBINSON: (cont'd.) immediately useful in guiding enforcement, compensation and other decisions made under occupational health and safety programs, and at the same time improve the information base for developing policies and control measures for the future.

Prior to the consolidation of occupational health and safety functions in the Ministry of Labour, the Ministry of Health and the Workmen's Compensation Board completed in 1974 a study of lung cancer among uranium miners. The findings of that project and of additional work done for the Ham Commission gave rise to the concept of an epidemiological study of all Ontario miners. Planning for such a study began in 1975, and by late 1976, the work was well underway as a joint project of the Ministry and the Workmen's Compensation Board.

The first requirement was to assemble an information base. An essential part of this consisted of a nominal roll of Ontario miners, including asbestos miners, and their health histories and employment. These records had to be matched against newly-developed and computerized death records held by Statistics Canada. Only through this process could the full picture of all deaths relating to mining exposures be obtained. However, the Statistics Canada records were reasonably accurate only from 1955 onward, and the file refers to the years since that date.

The case histories were compiled from a number of sources. Important among these was the Workmen's Compensation Board files and chest x-ray and fitness certificate records of the Ontario Miners' Chest Stations operated by the Ministry of Health.

Much additional information had to be fed into the data base, including any that would help to ensure certain identification of each worker, names of employers, periods of employment, data on the environmental conditions in the mines

DR. ROBINSON: (cont'd.) where this employment was located, and reports of exposure to radiation and to other health hazards.

By June of 1980, the file contained such information on sixteen thousand uranium miners, and on an additional thirty-five thousand nonuranium miners. These records will continue to increase in number and will be a source from which the sorts of studies recommended by the Ham Commission can be undertaken. They will allow rapid retrieval and comparison of almost any combination of factors relating to a miner's health history. This will provide insight into the positive and negative effects of this experience, and assist in determining what measures might be appropriate to better protect workers in the future.

The brief outline of the miners' study would indicate to the Commission the nature and magnitude of the task of analyzing Ontario work and health experience to guide program and policy decisions. Nevertheless, somewhat similar projects are being undertaken on workers who have been exposed to asbestos. Three of these are well advanced. One is a mortality study of workers in Ontario who have been compensated for asbestosis. The other two are attempting to explore exposure/response relationships by studying in one case the mortality experience, and in the other, the incidence of asbestosis among longterm employees of the Canadian Johns-Manville Company Limited in Scarborough.

The resulting information should be useful to all concerned in developing positions on what control measures are appropriate.

The fourth study of asbestos exposure has just begun, and is based on the former employees of Bendix Automotive of Canada Limited. This company made vehicle braking systems in

DR. ROBINSON: (cont'd.) Windsor for many years, and closed down in August of 1980. Approximately ten percent of the total work force was involved in drilling, riveting or grinding brake linings which contained fifty to sixty percent asbestos. These operations generated some waste, including asbestos dust, in the area where the work was done...that is, Department twenty-five of the company's Argyle Road plant.

The levels of asbestos contamination in the air in this department were measured by the Occupational Health Branch on five different occasions between 1975 and August of 1980, and all the samples taken were below the provincial control limit of two fibres greater than five micrometers in length per cubic centimeter of air.

Despite these results, concern about exposure to asbestos developed with respect to all parts of the manufacturing process, including those located in a second plant on Prince Road where the parts made at Argyle Road were assembled into braking systems.

The Bendix Company initially proposed that the study be done jointly by SRI International and the Ministry of Labour. The discussions about this proposal were brought to the attention of officers of the UAW, Local 195, which had represented the workers. The union spokesmen expressed a strong preference that the Ministry conduct an independent study, a preference which was supported by the Ministry. Therefore, when the company agreed to make its records available, the Ministry was in a position to proceed with the analysis independently of the SRI project, and to ensure that it was designed and controlled in Ontario.

The work will be undertaken in two phases. The objective of the first phase is to determine whether there are any unusual mortality rates among the former Bendix employees.

DR. ROBINSON: (cont'd.) This will be accomplished by doing a mortality search and analyzing the causes of death in comparison with those of Windsor, and perhaps the Ontario population.

If the first phase of the study indicates abnormally increased mortality rates for any given causes, a second will investigate relationships between these causes of death and work experience.

Regardless of the outcome of the first phase of the study, it might provide useful information on the extent of the health hazards arising in a manufacturing operation having a localized source of exposure to asbestos.

The company employment records identify the names of about eight thousand workers, their periods of employment and their salaries. They do not indicate where the workers were located in the two plants, and therefore have limited use. However, it has been concluded that the best results will be obtained by concentrating the study on workers who were employed at least twelve months in the Bendix operations. An index of these workers has been compiled and they number more than two thousand.

It is the Ministry's intention to supplement the information in company records from union and other sources. The union's last seniority list has been obtained. Also, discussions will be held with union and company representatives to determine the extent to which they can provide or lead us to information on which workers were involved in the drilling, riveting and grinding work in department twenty-five, and those doing other tasks.

To advance this approach, the Ministry is contemplating asking the union to circulate a questionnaire to former Bendix workers to obtain information on where they worked

DR. ROBINSON: (cont'd.) in the two plants, their job titles and other variables. This work is in the early stages and we are optimistic that it will improve the data base available for the study.

Once satisfactory information is obtained on the basic list of Bendix workers, it will be matched with Statistics Canada death records. At the same time, other sources such as drivers license records and telephone directories will be used in an attempt to establish which members of the cohort of workers studied are still alive. Because we have excellent co-operation from both the union and the company in developing the data base, we expect that it will be possible to obtain valid results.

The Ministry wished to inform the Commission about the work outlined because it is a relatively new phase in developing an information base for the improvement of occupational health policies and practices.

If I may turn now to the control of asbestos exposure in the schools: Controlling exposure to asbestos in schools is a shared responsibility of the school boards across the province, and several ministries. Because the sharing arrangement is somewhat complex, the brief will define the parts played by the two ministries most immediately concerned. That is, of Education and Labour.

Although there may be an interest in charges laid under the Occupational Health and Safety Act, 1978, arising out of the asbestos exposure control activities of the Windsor School Board and Local 27 of the Canadian Union of Public Employees, this matter, as the Commission is aware, is before the courts and for that reason our comment would not be appropriate at this time.

The Ministry of Labour carries the government responsibility defined in the Occupational Health and Safety Act of 1978 for protecting people against health and safety hazards

DR. ROBINSON: (cont'd.) in the workplace.

Therefore, unless they are specifically exempted from coverage under the Act, workers in the schools are under the Ministry's health and safety jurisdiction.

Currently, teachers are so exempted, but other school employees, for example secretaries, maintenance staff and operating engineers, are covered. This arrangement leaves the Ministry of Labour directly responsible for an important, but relatively small part, of the total asbestos problem in Ontario schools.

The work exposure to asbestos in school facilities has been assessed as considerably less serious than in situations where the material is mined, manufactured or used or removed in construction. In these latter activities, a constant effort is required to maintain air contamination levels at or below the present control limit of two fibres per cubic centimeter, whereas inspection and air sampling in a few of the schools with the greatest concentration indicate levels of one-tenth to one-twentieth of this occupational exposure limit.

Also, the results of air sampling in schools in the State of Massachusetts showed most of the results as below zero point zero four fibres per cubic centimeter of air.

The primary concern about asbestos in the schools relates to students and the responsibility for ensuring that they are not necessarily (sic) exposed to health hazards rests with the school boards under the leadership of the Ministry of Education. The asbestos control program begun in June of 1979, is based on a request of the Ministry of Education to the boards to take all necessary protective measures to ensure that students and staff are protected against exposure to asbestos. In addition, the Ministry of Education has encouraged the boards to take effective control measures by providing information and financial assistance for eliminating

DR. ROBINSON: (cont'd.) asbestos hazards.

5 The Ministry's authority for undertaking a program is grounded in the Education Act, 1974. Specification in the Act of the duties and powers of school boards, and of the duties of a school principal set out in the following statements which provide a basis for the program. The sections in question are as follows:

10 Section 146: "Every board shall, under sub-section seven, keep the school buildings and premises in proper repair and in proper sanitary condition, provide suitable furniture and equipment and keep it in proper repair, and protect the property of the board."

15 Section 230: "It is the duty of a principal of a school, in addition to his duties as a teacher under sub-section (j), to give assiduous attention to the health and comfort of the pupils, to the cleanliness, temperature and ventilation of the school, to the care of all teaching materials and other school property, and to the condition and appearance of the school building and grounds."

20 In addition, in the case of extreme urgency, the Ministry of Education has the power to close schools, as outlined in a memorandum attached to our brief and designated as Appendix One. This power would be used reluctantly and only in a situation in which the local authorities were clearly in dereliction of their responsibilities.

25 In summary, the control program in the schools has consisted of five features:

30 Preliminary identification of the presence of asbestos by an engineer, architect, or a person with extensive experience in building;

DR. ROBINSON: (cont'd.) Verification of the preliminary identification by analysis of bulk samples in a laboratory;

5 Assessment of how to control the source of exposure by qualified persons as noted in my first point;

In most instances, submission to the Ministry of Education of the proposed control measures for approval of capital grants;

10 Execution of the control work by a contractor or by the school board staff.

This program got underway in June of 1979, when the Ministry of Education asked the boards to complete a survey for the presence of asbestos in their facilities. There was a better than ninety percent response to this request, and it
15 revealed the presence of asbestos in some seven hundred and thirty-two schools. In about fifty percent of these, the material was present in a friable and exposed form, mainly in ceilings and plenums. The ways of conducting the survey and verifying the presence of asbestos were outlined to the boards by Ministry
20 staff, but the final responsibility for reporting on conditions in the schools remained with the board officials. The relevant documentation is attached as Appendix 2 (a) (b) and (c).

The Ministry of Education urged the boards to give priority to projects that are considered an immediate urgency. To encourage action is made financial assistance available on
25 the sliding-scale basis of its capital grants program, as outlined in Appendix 3.

By mid-March of this year, projects for removal, encapsulation or isolation of asbestos have been approved in three hundred and ninety-three schools. This took up some seven
30 point eight nine million dollars of the ten million dollar allocation made by the Ministry of Education for the fiscal year

DR. ROBINSON: (cont'd.) 1980/81. In addition, it is believed that some boards have acted without requesting Ministry assistance.

5 To ensure that the program continues during the 1981/82 fiscal year, the Ministry has allocated thirteen million dollars to support school board initiatives.

10 The fundamental criteria on which the Ministry of Education makes decisions to finance removal, encapsulation or enclosure of asbestos are effective control and cost. Encapsulation or enclosure are preferred by the Ministry where they will provide protection. Generally this is where the asbestos is bound into materials such as plaster, tiles, wall panels, well-adhered fireproofing, or when it is in locations to which entry is infrequent.

15 Removal is recommended where asbestos is likely to be released from insulation that is subject to vibration, is located in or near ventilation facilities and therefore likely to cause widespread contamination if distributed, or is too friable to control. The criteria are defined in greater detail in Appendix 4.

20 Where asbestos was used as heat and fire insulation, removal of it requires replacement by another heat-resistant material. The Ministry and school boards maintain close contact with the Public Safety Division of the office of the Fire Marshall to ensure that the substitute materials used have the required insulating characteristics. Appendix 5 lists such materials
25 already used for this purpose in schools, and Appendix 6 is a statement from the Fire Marshall's office indicating what products are acceptable from a fire safety point of view for replacing asbestos in buildings.

30 The Ministry of Education also monitors the safety and effectiveness of materials used by the boards to encapsulate asbestos. A list of approved encapsulants formed part of the

DR. ROBINSON: (cont'd.) guidelines for controlling asbestos, released early in 1980 by the Ministries of Education and Labour. That was entitled, "Inspecting Buildings for Asbestos". This is attached as Appendix 7.

Before a sealant material is approved by the Ministry, it must have met the specifications of the United States Environmental Protection Agency. Tests of these specifications must be performed by a reputable laboratory and the Fire Marshall's endorsement obtained.

The laboratory tests are primarily for surface burning characteristics, penetration, flexibility, water vapor permance and impact resistance. At present the Environmental Protection Agency specifications do not deal with the health effects of asbestos substitutes or encapsulant materials.

In Ontario, a mechanism has been established by the Ministries immediately involved to ensure that new information on the health effects of building materials is made available promptly. The mandate and procedures of a recently created inter-ministerial committee chaired by the Ministry of Consumer and Commerical Relations are attached at Appendix 8.

Finally, the program requires the availability of a number of contractors qualified to remove asbestos from buildings or able to take other remedial measures. The Ministry of Education emphasizes to the boards the need to contract with firms that have experience or special training in such work. Partly at the instigation of Ministry of Education staff, the Ontario Research Foundation has established a course to train people in this area. The Foundation was assisted in the task by the Battelle Institute, which is closely associated with the Environmental Protection Agency in resolving asbestos exposure problems. It is understood that twenty-three Ontario contractors have attended the course to date.

5 DR. ROBINSON: (cont'd.) As already outlined to the Commission, the Ministry of Labour has areas of expertise which have been made available to the Ministry of Education and the school boards in their efforts to control asbestos exposure in schools. In particular, extensive use has been made of Labour's Occupational Health Laboratory for analysis of bulk samples of materials suspected of containing asbestos.

10 Other Ministries have also assisted, with the result that the program has demonstrated a flexible use of government resources and effective interagency co-operation.

Thank you, Mr. Chairman.

DR. DUPRE: Thank you indeed, Dr. Robinson.

15 It will probably be quite useful to myself and my colleagues to follow the division of your brief in posing our questions, first dwelling upon the studies relating to workers' employment and health experiences, and then turning to questions on the control of asbestos exposure in the schools.

20 If I might just make an initial point, Dr. Robinson, I would like to focus attention on paragraph ten, which appears on page five of your presentation. I wish to focus attention on this paragraph because it appears to me that this paragraph does have encouraging news that will be particularly well received in this community. As you are aware, Dr. Robinson, at the time the Bendix plant was closed there was quite considerable concern expressed from a number of quarters in Windsor as to whether the records of the company would indeed be available and be fully available within this jurisdiction.

25 Can I take it from what is stated here in paragraph ten that when the company agreed to make its records available the Ministry was indeed satisfied that this was the complete records of the Bendix operation to the extent that they could provide them to you?

30 DR. ROBINSON: Yes. I think I would like to ask

DR. ROBINSON: (cont'd.) Dr. Fitch to elaborate on that point because he has been more closely involved with the examination of those records.

5 DR. FITCH: Yes, sir. The company has made all their records available to us. I have to say, and Dr. Robinson has already mentioned this, that they are not quite as detailed as we would have liked because they give very little indication of...or they give no indication really of the actual jobs that
10 people performed. But we are satisfied that we have a complete list of all the people who worked for Bendix Automotive over the years, and we know the duration of their employment.

DR. DUPRE: You are satisfied that these are the full records that are available?

15 DR. FITCH: Yes. Well, as far as we can tell they had a card index system which mainly was just to keep track of who the people were, with their pay records on them, and in addition to that they had a file for each worker...or for each worker on which they had had any, I suppose, any particular reason to open a file. But there were files for
20 almost everyone there and there was very little information in the files that was of any use to us, so that...but we have access to both sets of information.

It was exactly the same material that was made available to SRI, the research institute in California, that was commissioned to carry out a study for Bendix. In fact, they
25 offered to give us a copy of the records that they had made, but we thought perhaps it might be more acceptable for us to go over them and make our own records, and that's what we did.

DR. UFFEN: Did the SRI study go on elsewhere? Was the Windsor part of the SRI study, or was the SRI study
30 solely concerned with the Windsor operation?

DR. FITCH: As I understand it, it relates only

DR. FITCH: (cont'd.) to the Windsor operation.

DR. DUPRE: The SRI study is still ongoing and will be relased, just as the Ministry study will be?

5 DR. FITCH: Yes, although I anticipate that they are going to have difficulty producing any very meaningful information because the best that one can hope to do is to make up a very good list of workers' names and identifying information and submit that to Statistics Canada in order to get the causes
10 of death and copies of the death certificates of people who have died.

I personally can't see that that information would be made available to SRI. I think that they had some kind of an assurance that they would be given information, but it would only be of a statistical variety and would not enable one to make a
15 very good report on the situation.

DR. DUPRE: That information, however, will be available to your Ministry, is that correct?

DR. FITCH: Yes.

20 DR. UFFEN: It seems to me a little bit strange that the company records indicated their periods of employment and salaries, but did not indicate where the workers were located in the two plants. That seems odd to me that if somebody worked for a company they didn't know where he was. Or have a record of it.

25 DR. FITCH: Well, it's certainly very unsatisfactory, but we have been told that they don't have that information.

30 What we have...in the absence of that information we have contacted the union and asked them if they could help us to identify where people had worked, and we are trying to set up a system. They have agreed that they would help us, of course, and we are trying to set up a sort of

DR. FITCH: (cont'd.) questionnaire which we will give to the union and ask them to pass it around, if necessary, to more than one person. Each sheet will have the worker's name on it and we will try to get them to pass them around until we can accumulate information about each worker.

But the only comment that we were able to get from the company was that at any one time there was only a very small proportion of the workers who were actually working in asbestos exposure. The union have told us, and I have spoken to one of their representatives, that the control of asbestos fibre in the plant was so poor that they feel that everybody should be considered to have been exposed regardless of what particular job he was doing. We have to accept that because we can't...the only thing that we have about the environmental condition is that, as was mentioned earlier, there were a number of visits by the Occupational Health Branch and at the times that they were there, and in their sampling, the asbestos levels in the air were within the guideline that we were using.

DR. DUPRE: I am fascinated as I listen to you on this subject, Dr. Fitch. May I ask you this, given the very limited amount of information that the records yield, what kind of lesson do you think that should convey to this Commission? Quite evidently the whole state of the quality of records is a most important adjunct of any occupational health and safety policy. Are there any particular kinds of record keeping requirements that we should start thinking about recommending?

DR. FITCH: Well, under the Occupational Health and Safety Act, which has only been effective a year and a half, there are very specific clauses which deal with record keeping. The detailed regulations that are being developed now for designated substances are each accompanied by a code of medical surveillance which specifies exactly the type of information that is to be recorded. Of course, it is absolutely for us to

DR. FITCH: (cont'd.) have that information if we are ever going to be able to do any retrospective study. It happens that in Ontario there have been much better records kept of miners and that's why we started the very large study that Dr. Robinson mentioned, on miners. In their case we have records not only of where they worked and the time period when they worked, but for underground miners we have a certificate that was issued annually and we have the record of the x-ray and any other examination that was conducted at that time. So for thousands of miners we have a continuous record at least of where they worked, and we have some environmental information to go with that.

DR. DUPRE: Is the higher quality of the miners' records something that can be explained because the mining area long required this by law or by regulation?

DR. FITCH: It was required by law. The first activities in the occupational health field in Ontario were introduced as a result of the fact that there was so much illness in miners in the early days when tuberculosis was very common and was very often seen as a complication of silicosis. They referred at that time to silicotuberculosis.

But in order to protect other workers from a man who became infected, it became mandatory to examine each worker annually.

DR. DUPRE: Dr. Mustard?

DR. MUSTARD: Can I pursue this area in a slightly different manner? My question arises out of the sort of degree of detection of workers' problems associated with the Johns-Mansville operation versus the brake lining plant operations. I have the impression...I would like you to correct me if I'm wrong...that there was a, the late sixties and early seventies, established at the Johns-Manville operation a fairly... not detailed necessarily...but a much more detailed tracking

DR. MUSTARD: (cont'd.) of the work force in that plant in terms of their exposure and periodic chest x-rays.

5 Did the brake...in the brake lining plants, Bendix, etc., was such a program also in place? Were the members of the work force being exposed to asbestos being tracked in the same way? Or am I wrong about the Johns-Manville plant tracking?

10 DR. FITCH: No, you are right that quite good records have been kept in that company for at least twenty years. In the case of other asbestos exposures in the province, there have been ...there has been a chest x-ray program going on for different periods of time for different plants, but in many cases people have been followed for about twenty years.

15 But in order to be part of that program, they had to be identified as workers who were exposed to asbestos, and that decision was made by the management, so we can only say that in any given situation where we made the chest x-ray service available, we examined the workers who were brought before us and we do have extensive records of those from a large number of industries in the province.

20 DR. MUSTARD: Did any of the brake lining plants bring forward their work force, identify them for you to come under that program?

DR. FITCH: Yes. Yes, some of them.

DR. MUSTARD: Which ones did?

DR. FITCH: I'm sorry. I don't have those...

25 DR. MUSTARD: Did Bendix?

DR. FITCH: I don't know what year...

FROM AUDIENCE: From 1966.

DR. FITCH: From 1966 on.

30 DR. MUSTARD: So from 1966 on, the Bendix work force was under your program the same way the Johns-Manville people were?

DR. FITCH: I can't say. Excuse me. Perhaps I can get a little help here.

I am told that the people who worked in a specific department where the brake lining were being made were under the program.

DR. MUSTARD: But they were put forward by the management and not by your staff, is that correct? That is, the workers that would be selected for that would be the management selection?

DR. FITCH: Yes.

DR. MUSTARD: Because one of the...

DR. FITCH: They were the ones who were identified as being exposed to asbestos in their work.

DR. MUSTARD: One of the impressions I have so far is that the number of cases of asbestosis associated with the brake lining, particularly the Bendix operation, was very small, where the number of cases of lung cancer that are identified, and certainly at the Johns-Manville operation there was a lot of asbestosis, as well as lung cancer, identified in the work force, and I was just wondering if that was a surveillance problem or whether because one has something different in terms of the asbestos exposure in the Bendix plant. Do you have any explanation, or maybe I'm wrong on certain of the data that we have seen that asbestosis does appear in some of the asbestos workers in the Bendix plant?

DR. FITCH: I'm sorry. I don't have the detailed information about whether or not there have been cases of asbestosis. My impression is that there have been very few in any of the brake lining plants.

DR. MUSTARD: Could I ask another question related to this? In the new regulations that you are proposing to bring in, will it still be the management's option to determine whether it is dealing with a designated substance

DR. MUSTARD: (cont'd.) and surveillance is necessary, or will it be more mandatory, shall we say, that there be some external judgement made as to whether the hazardous substance is present? How is that going to be handled in the future?

DR. FITCH: I think the situation is very different now because of the emphasis on health and safety committees. I would expect that if there was not agreement between the workers and the management on who should be surveyed that that would then come to the attention of the Ministry.

DR. ROBINSON: Perhaps I may interrupt at that point and say that the assessment of the premises will be at the instigation of the employer, but in consultation with the joint health and safety committee to assess the nature and extent of the problem. Once identified, to introduce an appropriate control program with all the features, one of which may be the medical surveillance program. So it will be the employer's instigation, but with consultation with the joint health and safety committee.

DR. MUSTARD: But if a labour member of the joint committee felt there was a problem that should be handled in this manner and the employer did not do it, what would be the power of the labour member of that committee to have that problem addressed?

DR. ROBINSON: To make application to the Ministry to take a look at the situation and to resolve the difficulty.

DR. MUSTARD: I see.

DR. DUPRE: Dr. Uffen?

DR. UFFEN: I would like to pursue the question of the monitoring of the fibre count, that's on the top of page five. I think it's section nine. It referred to five different occasions between 1975 and 1980 when samples were taken. Would

DR. UFFEN: (cont'd.) you be able to tell us how that was done, or if it's done in the future would it be different? I'm trying to evaluate the value of those five occasions.

DR. ROBINSON: I wonder, Mr. Chairman, whether I may suggest that Mr. Nelson might be asked to answer that question for us. I think he has detailed information on it.

Mr. Nelson is a special consultant attached to my office at the present time.

MR. NELSON: The air sampling or fibre counting that was done at Bendix five times that are referred to were all done using the same manner of taking a sample on a filter and counting it with phase contrast optical microscopy. In each case two fibres per c.c. was used as a control limit, and I think it was stated that at no time was that number reached or exceeded. There was one...I think the highest count that was reached at one point was one point eight, but they were all quite low.

DR. UFFEN: How long would the sampling go on? Would it be a week or fifteen minutes or...?

MR. NELSON: Well, the length of time that I can tell you that the first three occasions anyway would not have been more than a day of sampling, and the sampling times would have ranged upwards of perhaps twenty minutes to half an hour in each case, for taking a sample in an area. The latter two would have taken...I would have to check the records...I don't really remember whether it was one day or two days was spent in sampling, but it would be in that order. But at that time, the last two have involved the whole plant, and in fact both Bendix plants were sampled throughout. Now, I'll go back again to the first three which concentrated in the area where the brake lining were assembled to brake shoes.

DR. UFFEN: Who would decide, or who did decide, where the measurement would or should be taken?

MR. NELSON: Well, again, in the first three occasions that we are talking about it would have been decided by the technician or the hygienist who was going in to do the work. The latter...go ahead.

DR. UFFEN: Would the hygienist be familiar with the machinery that the workman was using?

MR. NELSON: He would be familiar with it to the point that he would be examining it and looking at it, yes.

DR. UFFEN: Would the workman have had any input to the decision where the measurement ought to be made?

MR. NELSON: In the latter two cases the union would have been involved in being present at the time of the sampling, and so forth, yes.

DR. DUPRE: Could I just go back to the records question for a moment? If you have been surveying certain Bendix workers since 1966, were the records at least for those workers more adequate than the records for the others and did they indicate what part of the plant those workers were in?

DR. FITCH: No. I believe that they only indicate that they are workers who were exposed to asbestos in their work.

DR. DUPRE: I see. But they don't tell you where they were in the plant?

DR. FITCH: Well...

DR. DUPRE: It's just the judgement of management that they may have been, but it's not...

DR. FITCH: Well, as mentioned just a moment ago they were all identified as being in that particular department.

DR. MUSTARD: Do you have those records now, those x-rays? Are they on your files or are they the company's x-rays?

DR. FITCH: They are ours.

DR. MUSTARD: I see.

5 DR. DUPRE: Perhaps we might go to the second part of the brief. I note from the brief that there is now a program mounted by the Ontario Research Foundation to train workers who will be involved in asbestos control operations. Is there any requirement by the Ministry of Education that contractors who bid for asbestos control projects should have had their workers follow this course?

10 MR. ORLOWSKI: There is actually no requirement. However, we are advising the school boards that the contractors which are used in the contracts of eliminating asbestos should have experience and also we are encouraging that the school board would advise, you know, local people who are tendering the jobs if they would attend this course. The course, actually courses, were initiated in the middle of last year.

15 DR. DUPRE: Were they initiated because of an initiative from the Ministry of Education?

20 MR. ORLOWSKI: Actually, this was purely a discussion. Actually my discussion was with Ontario Research Foundation regarding the experience and knowledge of the contractors, and at that time I have suggested that some people from Ontario Research Foundation should get in touch with Battelle Laboratories not only about qualification for the workers, but my interest was about the testing of our own Canadian materials which we are using as encapsulating materials, because most of the encapsulating materials are brought to us from the United States and some of them from the U.K. A number of manufacturers approached me if we could use a local one, and at that time we were on a continuous dialogue with Ontario Research Foundation and three universities which were under some sort of indirect jurisdiction, if they could assist in testing these materials. So during this discussion the idea of training contractors and people in the field of asbestos was

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MR. ORLOWSKI: (cont'd.) really born, but this was really...the full initiative was of the Ontario Research Foundation.

5 DR. DUPRE: I notice from the brief that there are twenty-three Ontario contractors who have attended that ORF course to date. Do you circulate to school boards a list of contractors whom you consider experienced, or who have taken this course?

10 MR. ORLOWSKI: We are not circulating, but most of the boards, because there could be some contractors who obtained experience somewhere else, and there were a group of contractors which were involved with the first group of capital projects when the asbestos was eliminated, who didn't go to the course, but they had some experience. Therefore, if the board
15 can't deal with this problem, our doors are always open and we can advise a number of names which they can approach. However, we are requiring all the jobs should be publicly tendered, or at least prequalified with the public advertisement in the newspaper.

20 Naturally we are talking of the jobs of fair size, not just a minor repair job.

DR. DUPRE: Any further questions?

25 DR. UFFEN: Now I would like to come back to one that I raised with you before. Quite frequently we have the necessity for fast action brought to our attention. Frequently it's the workman who discovers the possibility of a hazardous work location. This morning it was pointed out to us that in some peoples' eyes it takes several weeks, where they would like to have action within forty-eight hours or something like that.

30 To what extent would this be feasible, to provide a high priority or fast-action service?

DR. ROBINSON: When this relates to a matter

DR. ROBINSON: (cont'd.) on a construction site, we do have a facility for fast response and any material that is collected for analysis that comes from a construction project is always accelerated through the laboratory if analysis is requested.

We realize that this is something that's in progress, that there is a degree of momentum and it can't be down for that long, so those samples are always allocated priority.

DR. UFFEN: Is there any advantage to having a number of centers around the province where at least initial measurement or identification could be done?

DR. ROBINSON: I think there is considerable need for care in the mode of analysis which depends for efficiency upon experience of the operator. I think that the delays in transporting samples should be comparatively nominal compared with the advantage of an experienced eye in the petrographic microscopy of the samples.

DR. DUPRE: Dr. Mustard?

DR. MUSTARD: I have two questions, one of which you may not be able to answer. In listening to the program in the schools in different sectors of the province, one has the impression that there is always a considerable variation in the approach of school boards to the problem both in terms of their interest to move ahead and the kind of approach which they use, encapsulation versus removal. I would like you to correct me if that impression is wrong, and the thing that goes along with that, if there is some variation in interest in school boards does the Ministry have any way in which it described in your brief of nudging them into action if they are being a bit sluggish?

MR. ORLOWSKI: The majority of the school boards have responded to us with the survey results comparatively quite early. There were quite a bit of problems of guiding the

5 MR. ORLOWSKI: (cont'd.) people how they should do these surveys because probably a written letter which has been sent to all the directors of the school boards probably wasn't sufficiently adequate to those school boards. However, about ninety-five percent of the school boards replied to the survey.

10 Problems was that some of the schools had also a difficulty even to estimate the cost of the work which they have to do. The problem with estimates existed not only with the school boards, but it existed with the contractors and also existed with us. It was a completely different field and we were basing our estimates on almost the cost of United States adjusted to the data collected mostly in Montreal, and published, and in Toronto, and adjusting these rates to a different area of Ontario.

15 However, we discovered that the cost of elimination of asbestos in this province cost us much more per square foot than it cost across the border. Therefore, sometimes criticism which we are receiving...it's based really on extreme difficulties.

20 The second thing is, any school board which approached us, and it could be counted weekly to hundreds of calls, were always responded. If not, we have directed them to the people...for instance in that case when they couldn't obtain fast enough the testing results from the Ministry of Labour laboratories, we were always directing them to the people like Queens University, McMaster, or University of Western Ontario, or a couple of laboratories. The same, we were sending the people for estimates to a number of consultants who would be able to help them.

25 Response differs because we must understand one thing, school boards are being governed by an elected group of people and interference by the Ministry is not always welcome

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MR. ORLOWSKI: (cont'd.) or it's inappropriate. Therefore, most of our advice were just to technical people within the school boards, and some of the smaller school boards, possibly they had not adequate, not sufficiently-experienced person on the staff. But if you look at the results, for instance, of 1980, over three hundred and fifty projects, schools were cleared from asbestos. In a number of cases we had problems, but they were overcome.

In 1981, we have allocated on the request... naturally we have to obtain from the school the budgets for it... we allocated thirteen million the other day, and we hope that this program will go ahead much faster than during the last year.

DR. MUSTARD: My second question is related to, I think, where there is some information that you have presented to us and relates to some questions we asked earlier. Let me see, part of the new information is in Appendix 8, that committee that has been struck for investigating, regulating the use of building materials the use of which creates an apparent health hazard to occupants or users of the building.

The first part to this question is, is that a new committee that has just been established?

DR. ROBINSON: Yes, it is.

DR. MUSTARD: Then my interpretation of the material that has been presented is that any substitute material being used, the criteria whether it is a satisfactory agent to retard fire is really based on the material coming from the Fire Marshall's office, and that's based on essentially U.S. data and the Underwriters Laboratory, is that correct?

MR. ORLOWSKI: That's right.

DR. MUSTARD: The health hazard side of it is an interesting challenge. I take it that you are going to try to review the evidence that's available and make your decisions on that basis. Now I have a question for Dr. Robinson.

5 DR. MUSTARD: (cont'd.) A new chemical substance being introduced, the province falls in occupational health under Bill 70, and of course there are some very stringent rules that some constituencies are developing for the introduction of new substances. That they (a) should be screened in terms of whether they are mutagens or carcinogens using a barrage of experimental approaches, and there is a still untested question about, of course, the deterioration or change of substances which are used with time which may also down the road become a problem.

10 How does this committee propose to handle that challenge in view of the time frame we are working in of trying to remove asbestos and put substances in, when the new substance problem in terms of its toxicity is still a very difficult question to answer?

15 DR. ROBINSON: It is indeed a very difficult question. The committee hasn't been in existence for very long. One of their activities will be to review the health hazards of substitute materials, at least as far as available literature information is concerned, and to see whether or not there are deficiencies.

20 As far as introduction of new substances, new substances into the workplace, of course, we now have the provision under the Occupational Health and Safety Act for notification, and the requirement to satisfy us in respect of the toxicity of those materials.

25 It is a difficulty that we face with any existing material, which has not been fully available.

30 DR. MUSTARD: So in a sense one could be left with the uneasy feeling at the moment that because of our problem of identifying the long-term possible problems of new substances that one might get caught down the road with the introduction of materials at this time that could be a problem ten to fifteen years later?

DR. ROBINSON: This is a problem of which we are accutely conscious, and I'm not sure that we have a full answer at this time.

5 DR. MUSTARD: Can I ask one question about this in terms of workplace definition? Of course, as we have heard from the members of the unions this morning and previously, of course this is a workplace, the school is a workplace for a fair number of people.

10 If I was going to bring in a substance which was a new chemical coming into Ontario, to use in place of asbestos, would this not therefore fall under Bill 70? The school being a workplace for the people who have to work in the place?

15 DR. ROBINSON: It would insofar as a number of the individuals working in the school fall under the provisions of the Occupational Health and Safety Act, yes.

DR. MUSTARD: So the joint committee, then, could challenge that substance as a new substance and create all the necessary procedures that under Bill 70 can be carried out?

20 DR. ROBINSON: Subject to a legal opinion, that would seem to be the case, yes.

DR. UFFEN: Can I go back to the Bendix...?

DR. DUPRE: Yes, please, Dr. Uffen.

25 DR. UFFEN: I have one quick question about the Bendix situation. When the company stopped operating in Windsor, did they take out any of the equipment that was in the existing plant, and if so, was the operation monitored in any way to see whether it created a hazard?

DR. ROBINSON: I'm afraid we haven't got that information with us. I can make inquiries and advise the Commission of any useful information we come by.

30 DR. DUPRE: Well may I, Dr. Robinson, on behalf of my colleagues than you, Mr. Orlowski, Mr. Nelson, Dr. Fitch, thank

DR. DUPRE: (cont'd.) you very much for the presentation you have made this afternoon. You have been most helpful. Thank you.

5 DR. ROBINSON: Thank you, Mr. Chairman. We are pleased to have had a further opportunity to assist your Commission.

DR. DUPRE: Thank you again.

10 May I now ask the delegation of the United Auto Workers to come to the presenters' table?

I'm very happy to greet once again Mr. Jim Gill, the Director of Citizenship and Legislation, UAW national office.

Mr. Gill, we are in your hands, sir.

15 MR. GILL: Thank you, Mr. Chairman. I hope that the absence of the Ministry of Labour is no indication that our brief and our presentation makes them all run away. Hearing their presentation a few minutes ago, we are going to address ourselves to a number of matters that they raised and you may want to call them back. Maybe you want to talk to them later. It's unfortunate that they wanted to leave.

20 Mr. Chairman, again, we mentioned in Toronto when we presented the first part of our overall brief to your Commission, we had two people that were directly involved with workers and executive board members at Bendix. We promised at that time that when you came to Windsor, if we found it possible, we would introduce you to a number of other people from Bendix, both the office and the plant, who have not
25 only direct contact with the Bendix Automotive Corporation, that department, health and safety committees, what have you, but also had a lot of interaction with the Ministry of Labour over the years. I think they are more than capable of answering the questions that you posed to the Ministry of Labour and
30 answer them in more detail and certainly with a lot more clarity.

Mr. Chairman, first I should introduce the

MR. GILL: (cont'd.) people that we have at the table here, and starting on my far left and working my way across to the right, on your right to your left: First we have Mrs. Ann Bednarick, the widow of a worker at Bendix; Mrs. Ivy Masse, a widow of another worker at Bendix; Jack McCann, whom you met in Toronto, the former health and safety chairman at Bendix. Next to him is Mrs. Shelley White, an office worker at Bendix. On my right, a new person to you, is Mr. Rick Byrne who was the plant chairman at Bendix at the time of the closure and led these people in a number of contract negotiations with them. Next to him is Andy Moroco, the international representative for our union, who was in direct contact with Bendix over a number of years on their negotiations and other matters. Next to him is Roger Douglas, a maintenance worker whom you met in Toronto, who will be free on other matters to help you today. Next to him is Frank...sorry, it's Bob Taylor, the production worker who is now diagnosed as being an asbestosis victim of Bendix, and he will explain what happened there. Next to him is Frank Stea, who was a production worker at Bendix, and will be able to enlighten you, I think, on the whole process of this chest x-ray operation that the Ministry of Labour conducted over the years. He, unfortunately, is one of those people that was diagnosed as having no problem and he went to his family physician and had other x-rays with quite a different diagnosis. He will be explaining that to you.

There are a number of other people from Bendix, both office and the plant, in the audience here today and if you heard any sounds of disbelief during the presentation of the Ministry of Labour, it came from those people, who found some of the statements to be rather incredible.

Mr. Chairman, when we met with you in Toronto we questioned the need for the Commission itself, because we

MR. GILL:(cont'd.) believed that this was one matter that had been studied and studied and although it's very inappropriate to use it, we could say it was studied to death.

There was enough known about asbestos in the workplace, we think, to take rather explicit action on the part of the Ministry. We did not, with all due reference to your qualifications indeed, think that we really had to study it again.

From the evidence that you will be seeing when we get to the compensation part of the hearing, you will be able to quickly ascertain that not only were our workers exposed to asbestos, but they have suffered greatly from asbestos. As we stated to you there, we are frustrated. We are very, very frustrated with the inaction of the Minister of Labour, and when we get to the reactions of the company, in particular the lack of protection from the Ministry of Labour, we consider them inept in their operation. We see nothing in the new legislation that would change our minds on that at the moment. We see no reassurance coming.

We have been lied to by management, and from what I hear this morning management has lied to government.

We have been let down drastically by government inspection, and I don't think we should even bother talking about their enforcement procedures.

Our workers in those two plants now are now actively pursuing compensation claims...unfortunately, in too many cases, survivor claims...with the Workmen's Compensation Board of Ontario, and they are being vetoed.

What we talked about in Toronto was the complete elimination of the use of asbestos in the workplace and in other uses in the Province of Ontario. We say this because we believe this is the present trend in the world that the evidence points to the fact that there is no safe level of exposure to

5 MR. GILL: (cont'd.) asbestos. Although our view of that and the view of scientists have come out differently, this stack of reports, this stack and that stack, I think you will have to understand that even the Ministry of Labour will say that there is really no safe level of exposure to a carcinogen, at the same time they are going around, unfortunately, trying to designate a level.

10 We talked about records before, and again some of these people explain to you where you can get that record from the Ministry of Labour. In the case of the epidemiological study...I won't comment here because it might be libel. I certainly don't want the corporation, the study group, under their present name and under their previous name...if I gave you the previous name you would understand very well why we have no confidence in that organization. To put it mildly, it was ironic, the Ministry of Labour hearing on Wednesday on proposed lead standards. The SRI under the previous name did a paper once, not that many years ago, that proved in their mind that you live longer with exposure to lead. They are the same sort of group that the company wants to use to study our workers who have been exposed to asbestos.

15 The only conclusion from that could be they most likely will come up with a study saying that you will live longer having been exposed to asbestos.

20 The record keeping program again, that's something that some of these people here with me today will be able to explain to you. It's quite different than has been represented to you.

25 Again, we will be seeing you over the period of this year and I presume maybe well into 1982. We are anxious to get into the matter of compensation. I think we have explained it to you, Mr. Chairman, it is quite difficult to separate

5 MR. GILL: (cont'd.) other matters that you want to study, from compensation. I believe you have the material that we gave you before, and we have promised you several other pieces of material, the NIOSH review of the Ontario proposed standards of asbestos. I'm sorry, we forgot to bring that here today.

10 I also told you before we were going to give you our feelings of shortcomings on the recommendations of the proposed standards for designated substances as it pertains to record keeping. After having been and spent a half day with the Minister of Labour on the proposal for lead standards, I am going to rewrite what I was prepared to give you before, because after going through that experience there are many more deficiencies in those proposed regulations than I had
15 seen before. It's a sad, sad case.

Now, Mr. Chairman, we'll move this along because you are going on the same plane as I am around seven o'clock.

20 I am going to introduce these people in the order that they are going to speak and the things that they are going to speak about and we'll proceed around whatever way you want. We'll open up questions at that point. I'm in your hands.

25 DR. DUPRE: I will have to ask you, Mr. Gill, if you are recognizing your colleagues in sequence to find some way of circulating the microphone so that all of what is said can appear on the transcript.

MR. GILL: Yes. Mr. Byrne, on my right, was the plant chairman, and the first person to address you.

Jack McCann, the former health and safety chairman, is beside him.

30 The third person will be Mrs. Masse, followed by Mrs. Bednarick, followed then by Bob Taylor, Frank Stea and Mrs. White and Roger Douglas. We will attempt to do this in a

MR. GILL: (cont'd.) manner that will help to introduce them.

5 Before doing that, there's just one thing that I wanted to address and that was the matter of the presentation made by the Ministry of Labour on the study that was to be done on Bendix workers. There is a certain inference in this information here that there had been some co-operation.

10 I'll just give you the material that I have, copies of the letters and the correspondence that has transpired between the Ministry and the local union.

15 In February, when the study was proposed, we questioned the propriety of the company engaging this one organization to carry out the study, and it was suggested to the Ministry of Labour that they do it. The Ministry of Labour as we find out for the first time today, are engaged in the study. The Minister of Labour asked us, or the Ministry, who would be a contact in the local union and could they get the seniority list.

20 We gave them the seniority list and we gave them a contact. The contact was Mr. McCann that's here with us.

Mr. McCann got a letter acknowledging that they had received his name. That is the end of the co-operation that we received from the Ministry of Labour.

25 Now to us, where we think we have the capability of doing our own epidemiological testing and doing our own studies, we think that is anything but co-operation. We see what's on here in the presentation, we question whether they have the proper records, and we think we know where we can find better records. We have no idea of the protocol they are using. They never consulted with us on that, and we think we have staff capable of interpreting the approaches they are going to take.

30 At the present time all I can say is that we have not received co-operation, we are not part of the study,

MR. GILL: (cont'd.) and I think it's safe to say on behalf of the people of Bendix we would not want to proceed further until we are part of that particular study...and leave it at that...and hope that the Ministry will respond.

We will be in direct contact with them, finding out what is going on.

At the present time from what we see, there is nothing to indicate that we can be assured that what the Ministry of Labour is doing is any better than what SRI International would be doing. And that was the level of co-operation.

This will be elaborated by a couple of people here.

Now, I'll turn it over to Mr. Byrne, who was not able to be with us in Toronto. He was the plant chairman at the time of closure and has a lot of experience dealing with Bendix Corporation.

MR. BYRNE: Thanks, Jim.

Mr. Chairman, I am Rick Byrne. I was a production worker at Bendix for some eleven years, the past five of which I was the plant chairman. I sat on two sets of negotiations with local 195, UAW, with the Bendix Corporation.

A little bit of history of what went on in the past sets of negotiations: When we talk about the problems we had with the health and safety in the plant, and not necessarily just the asbestos problem, but other problems in health and safety, we found ourselves having to go across the bargaining table with the corporation, and in many cases, in most instances, having to go on strike to establish any kind of contract language that would safeguard our people against any hazards at all, or even to get language that would allow us to sit with the corporation and talk about such dangers or such hazards.

The last time, in 1977, when we decided to negotiate a health and safety rep, it was told to us by the

MR. BYRNE: (cont'd.) chief negotiators of the Bendix Corporation that we could in fact ask for anything we wanted, possibly maybe get it through process of a strike, but one thing you will not get is a union health and safety rep.

What we did is, we went on strike for some three months and we achieved our goal and we got a health and safety rep.

It was since that time that we have found out some of the very tragic stories of the Bendix employees, the death count and the body count that happened, and one of the most recent I would like to talk about very briefly is young Tom Dunn.

Tom passed away just a few months ago. He contracted mesothelioma about thirteen months prior to his death. Tommy Dunn worked in the Bendix plant basically at the Argyle Road division and not in the division...or the Prince Road division and not in the division at Argyle Road. If he spent any time there at all, through the records which we were able to achieve through the secretary of the DIR, that he had spent some three months there.

Now this is...when I walked into the secretary of the DIR and asked, can you tell me where Tommy Dunn worked some twelve years ago, she was approximately six minutes or seven minutes in telling me exactly where he worked.

Any record that had to be gotten by the union on cases such as discharges or grievances, we were able to find out where the individual worked, the exact department where he worked, his rate of pay, and the time which he worked in that department, the shift he was on, back as far as ten or eleven years. So I find it very, very difficult to believe that the Ministry of Labour could actually, without contesting, accept the corporation's statement by saying the records they got were all the records that they had available, and even if they did

MR. BYRNE: (cont'd.) believe it, it seems
ironic that even the corporation would try to push something
down a Ministry's throat like that, because as we know in the
process of collective bargaining and the process of record
keeping in any corporation, that if in fact we are to arbitrate,
and we do because it is one of our avenues in the process of
collective bargaining, that any person at any time can come up
with records of an employee who started some thirty or thirty-five
years ago:

The classifications and the seniorities of
those employees, the rates of pay, the departments they worked
in, their production record that they worked in under that
department, the foreman they had in such department at such
time.

So it's just, as far as we are concerned if it
was not a lie by the Ministry...and I don't think it was, I
think they believed the corporation...it was definitely a lie
by the corporation.

Getting back to the problem that we had with
the asbestos, I can recall some two and a half years ago when
Tommy Dunn and several other employees I can mention by name,
two or three of them are in the back row here, had asked me
at a membership meeting, made it a mandate to the negotiating
committee, that we demand that they get x-rays. As a result
of that, Jack McCann sitting on the negotiating committee also,
we went to the corporation, we asked them, we said we have
several employees that demand that they get some x-rays taken.
We were flatly denied and I recall the day that Tommy Dunn
found out that he had mesothelioma the doctor told him, had
you been x-rayed possibly within a year ago or less we might
have been able to detect the spots in your lungs. As it was
he said, it's too late, we're sorry.

So those kind of things kind of stick in our

5 MR. BYRNE: (cont'd.) throat. The problems that we had in trying to establish the compensation case for Tommy Dunn, it was a fact that the company at that point in time did not want to give us any records. However, we have means of achieving records and that is simply by writing grievances and by pursuing those grievances to the second, third, fourth stage level, we can usually achieve those records. We got the records that were necessary, we got co-operation from the doctor that operated on Tommy Dunn, and we also got co-operation from 10 the pathologists in the hospital. Without that kind of co-operation I am sure that we would not have been able to successfully get the compensation for Tommy's children and his wife.

15 There were several problems we had with the Ministry. The only time that I ever remember the Ministry coming in to that plant when we did not know they were coming in...in other words, by virtue, we knew by virtue of the fact that the corporation would clean up the plant within twenty-four hours prior to the Ministry coming...any time we noticed that the floors were being washed and the machines being dusted down, 20 an extra crew being put on maintenance, we knew for sure that probably within the next day or so that the Ministry would be coming in for a checkup. However, there were two occasions when they surprised us, and those two occasions were when Denny Mulholland got his hand chopped off and when Luke Tremblay got his hand crushed in a machine. The company didn't expect 25 them in that night, but however they had to come in.

Only on those two occasions were we sure that there was a surprise check in that plant.

30 There's not much more I have to say about the asbestos problem in that plant because I'm sure you are well aware of it, the public is well aware of it, I know the Ministry is well aware of it. But the problems we are facing now is that

MR. BYRNE: (cont'd.) we have to find out and establish who is going to be responsible for those people that are going to have...that have asbestosis now, or possibly mesothelioma, who is going to take care of their families? Who is going to be responsible to the community? We think it's the Bendix Corporation that has to be responsible. There is no doubt about that.

We asked to work, when we go in and sign a contract with the Bendix Corporation to work, we asked that they give us reasonable wages, and they did. We also asked that they take care of us in a reasonable manner, which they did not. I think that's part of their contract, I think it's part of the contract they have with this community, obviously it's the contract that they had with their some seven hundred or eight hundred members over the past few years, and they have not lived up to that agreement.

So with that, I'll turn it back over to Jim Gill.

MR. GILL: Thank you.

Did you want to question people, or to go through, Mr. Chairman?

DR. DUPRE: I think it probably is more useful to listen to all of your colleagues and to permit us to ask some questions.

MR. GILL: Very well. Thank you.

The next one is Jack McCann, production worker and former health and safety representative...that was achieved through a strike.

MR. MCCANN: Okay, I'll give you a brief history. First of all, I started at Bendix in 1964, was appointed international safety rep by the international union in 1976 from a three-month strike that we had to achieve this. I'll give you a summary of cases that we have handed in to

MR. McCANN: (cont'd.) the Compensation Board already.

5 We have had one more turned in since we came back from Toronto with you people, asbestosis. There is the gentleman here and he'll give you the story on that.

We have three cases of cancer of the larynx, and a possible fourth one that we are still waiting a decision on, and all these cases have been turned down.

10 We have talked to Dr. Selikoff on these cases and Dr. Selikoff said that one in five thousand people would catch cancer of the larynx. We have three in seven hundred people so far, possibly four. Yet they still don't recognize this at the Compensation Board.

15 A little history of the Bendix Corporation: When it started back in the forties they used to make brakes for tanks and aircraft. At that time there was no exhaust system whatsoever, no air sampling was taken at that time. The workers had to tie rags around their faces to combat the dust so they wouldn't inhale it.

20 Then in 1966, the Department of Labour comes in. At that time there was directives written up: No dry sweeping to be permitted; proper respirators to be worn at all times... signed by Mr. Hugh Nelson.

Again, in 1970, the same directions written up again, again signed by Hugh Nelson.

25 I have sitting along side of me the two widows of the two people who passed away with cancer of the larynx. Maybe they wouldn't be sitting here today if Mr. Nelson would have followed up on his God damned directions.

30 As far as x-rays go, we've had one case here, there was a story in the paper on it. The representative, you can speak to him after. A man just told a spot on a lung from a 1973 x-ray. This man had an x-ray in 1973, worked in

MR. McCANN: (cont'd.) the asbestos department, I worked in there with him.

5 In 1980 he gets a letter from the Ministry of Labour, his family doctor gets it, stating that he had a spot on his lung since 1973. This man worked in that department for seven more years after this without knowing this. Nobody ever told him until this letter come in 1980.

10 This is the kind of action we are getting from the Ministry. X-ray unit - the Compensation Board turns all these cases down. You have to go in and eat the stuff before they will recognize it.

15 These three cases of the larynx, these are old employees who have been there for years. These women shouldn't be sitting here, they should have their husbands sitting in here with them. They shouldn't even be in here. It's a shame that these kind of things happen, but when you get the action of Mr. Nelson signing these directions, I don't know how he got the job he's got now.

20 Writing these directions, it was his job at this time to police these directions and he never did a thing. Just signed them in 1966, 1970. It took a three month strike to get the things that he should have been doing and the Ministry should have been doing, such as dry sweeping, proper respirators. They used them right up until 1976. They weren't even for asbestos dust.

25 We got together the health and safety committee and got together with Bendix, or tried to get together with Bendix, to get a program going to get a morbidity table. They outright refused us.

30 The things that we did get, like the vacuum cleaner, showers, lockers, workclothing, it was things that the Ministry of Labour should have been doing, which they didn't. They were sitting on their asses letting things go.

MR. McCANN: (cont'd.) We had to get it through a three month strike.

5 This is the story and people wonder why we don't trust the Ministry. Well, after these things we've got all the proof in the world why we shouldn't trust them.

Then we have the same thing with Mr. Taylor down there. He'll be telling his story, too. Asbestosis, this is the latest one in...it was submitted on March 2nd.

10 Getting back to the study, the medical study, I was just sitting back there...I was one of the ones sighing back there when I heard some of the bullshit that they were slinging: Medical records. Everytime we ask for medical records, they have no medical records whatsoever. The Compensation Board, every one of these cases, they knew every minute Mr. Masse
15 worked in this department and that department, and they are going to pick ten percent of the employees...everybody was exposed to asbestos there at one time.

They get referring to 1975, 1976, 1977 and so on, that there were no...that they were always below the
20 standards. Well we don't give a shit about that! I'm not...I am agreeing with them we were below the standard from 1975 on. But prior to that time we were not below it. There was no air sampling, but they keep bypassing this. They don't bring, they don't mention this at all, trying to forget it and hoping that we forget it. But we don't forget it.

25 All workers were exposed because there was no isolation for either plant. Everybody was next to...the dust collector was next to the lunch room, the windows were open, so everybody, even if you didn't work in there you were eating it for lunch.

30 It was the same thing at the Prince Road plant. Everybody had to walk all the way around through that department.

MR. McCANN: (cont'd.) There was towmotors driving by with it on the towmotors, through every department. Everybody was breathing it in, picking it up.

They have no records of anybody working in that department at all. You didn't have to work in that department.

We feel that until the Department of Labour gets their ass off (sic) and lowers the standards or eliminates asbestos completely, we are demanding maximum protection for workers until this is achieved. This was our big fight at Bendix and now we don't have to fight it no more at Bendix because we no longer have Bendix.

I'll turn it back to Jim Gill.

MR. GILL: Thank you very much, Jack.

Mr. Chairman, at this point I would like you to spend a few moments listening to a couple of the unfortunate people in this world, those people that are survivors of workers in Bendix. I think it's fairly similar to other work situation as well.

I spent some time with them last night and I heard some stories that I'm sure the Ministry of Labour did not hear when they were considering how they would bring in their recommendations for standards. I think what they have to tell us is very pertinent to the whole situation.

The first person I want to introduce is Mrs. Ivy Masse, whose husband worked at that firm, Bendix, for many years.

Mrs. Maase.

MRS. MAASE: I'm Ivy Maase, widow of Nelson Maase.

Nelson worked thirty-five years and seven months in Bendix, and in 1976 he was diagnosed with cancer of the throat, after which he had a laryngectomy operation. His voice

MRS. MAASE: (cont'd.) box was removed.

5 He was always a strong, healthy man, very proud of his body. Had he known there were any hazardous substances against him, he sure never would have worked there. He was too proud of his health.

10 So on January 31, 1976, at sixty years of age, he had to retire. He passed away in 1977. He was twenty months in and out of hospital. He was forty-one days in the hospital fed intravenously, forty days when he had them out, and he couldn't speak. Then he died in 1977.

I do recall many times he always was a man who used a handkerchief. What asbestos looks like, I do not know, but there was always a black, thready substance in his handkerchiefs. Whether that's asbestos, I don't know.

15 That's what I would undertake it to be. I know he would never have stayed there had he suspected in any way that it was hazardous to his health.

That's all.

DR. DUPRE: Thank you.

MR. GILL: Thank you.

20 The next one is Mrs. Ann Bednarick, whose husband also worked at Bendix.

MRS. BEDNARICK: My name is Ann Bednarick. My husband worked at Bendix for thirty-two years. I did not know him when he first started, because I did not meet him until 1948, and we got married in 1951.

25 He was a very healthy man, he was a scratch golfer, a very good golfer. He played basketball at Tech, where they were the champions. He was very athletic.

30 He was a very good husband. We had a very good relationship. We talked quite a bit. He always talked about his work.

He worked as a maintenance man. He was a very

MRS. BEDNARICK: (cont'd.) faithful employee.

His records show that he missed very little work. He was a very
conscious worker and I'm pretty sure Bendix could prove that he
was an excellent employee.

He was dedicated to his work, he was from the old
school. Bendix was kind enough to give him a job when he needed
it, and he was faithful to Bendix.

We missed very, very many vacations because during
the summer time there was...when everybody else went on vacation,
maintenance was the people that had to stay in and change over
machinery and change over the shop. We missed very many
vacations, but that was all right, he was happy in his work.
He never complained.

Oh, we'll say he also, for about the last...well
he died in 1973...we'll say twelve, thirteen years before he
always had a cough in his throat and he was afraid of doctors,
he had a phobia about doctors and he had a phobia about dentists.
That was his two things that he did not care to go see.

Oh, we'll say in 1970, he started to lose weight,
he still played golf with Bendix employees, and he was getting
so that he wasn't able to eat very much. Well, it was hard for
him to swallow, and I always said to him, Hank, why don't you
go and see the doctor? 'Oh, no. I'll be all right, I'll be
all right.'

This went on until July 5, 1973. I went to see
our family doctor and I says, Dr. Jordan, I says, there's something
the matter with Hank. I says, He cannot eat, he has a hard time
swallowing. I says, he goes to work every day but there is
something the matter, he's going down to nothing.

He said, 'well, Ann, can you get him to...bring
him to see me tonight'?

I said, I don't know, he's at work today, but when
he comes home from work I'll ask him.

MRS. BEDNARICK: (cont'd.) When Hank got home from work, I said to him, Hank, Dr. Jordan wants to see you.

He said, 'I don't want to go to see no doctor, I'm all right'.

Well, we went to see Dr. Jordan and he took one look at Hank and says, 'oh, Hank,' he says, 'you better go to the hospital'.

I took him down to IODE, he stayed there overnight. The next day they found out that he had cancer of the esophagus very, very bad. So they took him to Metropolitan. He went through chemotherapy and everything, and five months later my husband was gone.

MR. GILL: Mr. Chairman, the next person is Bob Taylor, production worker, with his own particular story of his problems.

MR. TAYLOR: Mr. Chairman, I started at Bendix September 26, 1968. When I first started there, I worked in a back room. I used to grind these shoes.

At the time they never told me that it was hazardous to my health. The only thing they gave us then to wear was a pair of glasses. I never had no mouth protection or nothing. All this time I was grinding these shoes, all these fibres were going in my face. A lot of time the air was so thick you couldn't even see your hand in front of you, plus like we used to have to change our own bags and that then too.

I used to go home with all these fibres on my clothes, in my hair, and whatnot, and shower and that.

Okay, now, just in 1980 they give us some x-ray, okay, like all of us were supposed to have had one. They told us if you didn't hear from us, everything was all right.

Okay, now, 1981, February 13th, but prior to that I was sick for two weeks. I couldn't half eat, I kept throwing

MR. TAYLOR: (cont'd.) up, I was very weak. So on February 13th, I went to my doctor. I said, Doc, I don't feel good, I'm having these chest pains, I can't half eat.

He said, 'well, we'll have x-rays taken of you'.

Okay, so I went right from his office, because the x-ray place is in the same building where his office is. I had my x-rays, they told me to go home. I was home about ten minutes and my doctor phoned me back. He said, 'I want to see you'.

I said, what's the problem? He said, 'I can't tell you on the phone'.

Okay, when I come back the following Monday, because I wouldn't go that Friday because it was the thirteenth and Friday is bad luck to me, February 13th. So I waited until that Monday morning, I went to him.

He told me, he said, 'you have these asbestos fibres in both of your lungs, mostly on your right lung'.

I said, are they cancerous?

He said, 'No, they are not.'

I said, what do you mean?

He said, 'Well, there's just fibres there. But it's a slow process'.

I said, what do you mean by a slow process? I said, I want to know everything.

He said, 'It could result in a cancer'.

I said, is there any kind of operation I can have to have these fibres removed?

He said, 'No, Mr. Taylor, there isn't. He said we just have to watch it very closely.'

Now, since Bendix is closed down, okay now...I'm just a timebomb. That's all I am right now. I'm sitting on a timebomb, and that day that I found out that I wanted to commit suicide, and if it wasn't for my mother, I would have. I know I would have.

5 MR. TAYLOR: (cont'd.) See, I'm a very active man, I love to play sports and that. Now I'm probably going to have to give all that up. Right now the only means of support I have is unemployment. Once that runs out, where am I going to get a job? Who is going to hire me? This is my beef with Bendix automotive. Why didn't they let me know?

10 Who is going to take care of my four children? Where am I going to get life insurance from, because I will not be able to get no life insurance or nothing.

So that's all I have to say.

MR. GILL: Thank you, Bob.

The next person, Mr. Chairman, is Frank Stea, another production worker.

15 MR. STEA: My name is Frank Stea. In April, 1980, my doctor received a letter from the Ontario Ministry of Labour which stated that there was an ill-defined round density twenty-four millimeters in diameter, and it has been unchanged since at least January of 1973. A month later we received another letter, May 2, 1980, which said that..."disregard the
20 previous report dated April 1, 1980, as there was a typographical error."

What I mean to say is that when I talked to my doctor about this problem, I told him, I says, you know, why wasn't I notified when they found it out?

25 Well, he said, 'because they thought that it wasn't something bad for your health'.

30 Well, I said, it's not up to them to decide because if it was bad, I probably wouldn't have been around to find out. This is the type of thing that upsets you, because if they had let me know, you know, even if it meant nothing... after all, I was working for Bendix, you know, they provided bread for me and my family and, you know, it happens, it happens. But the way they went about it, it was just plain...what can I

MR. STEA: (cont'd.) say? It was just dishonest, is the right word.

Thank you.

5 MR. GILL: Thank you, Frank.

Mr. Chairman, you heard some evidence about... from the Ministry basically about the fact that they only really were concerned with the one particular area of the plant, and that was department twenty-five in a production area, and a particular part of the production area.

10 Now it has been our contention, and you have heard it from the people that worked there, because of the layout, because of the practices, because of the general lack of housekeeping, the lack of containment provisions, that asbestos was throughout the plant.

15 There are people that went through the plant that did not work in production. I'm referring to the office workers.

What I have now, today, is a bit of a sad story, because we maintain that plant was so old and decrepit that the asbestos went right through the office as well as it went through the production area. I am not at liberty to give you the name today, but it has just come to our attention and we will be documenting this and giving it to you: One former office worker of Bendix, because the place had closed, had to go around looking for work. In applying, she applied at the University out here for a job. One of the conditions of employment out there is some sort of a pre-employment medical that consists of an x-ray.

25 When the x-rays came back, they told her she couldn't have the job because she had spots on her lung.

Now this is an office worker that did not come under the chest x-ray program of the Ministry of Labour. We never had an opportunity to have those people fall under this

30

MR. GILL: (cont'd.) program. They were excluded completely.

5 They were members of our union...a different one, Local 240, UAW...at this place. If there is any doubt about the conditions in the office, as well as the plant, we have with us Mrs. Shelley White who worked in the office at Bendix, to give you some idea of the conditions there.

10 MRS. WHITE: Mr. Chairman, I was committeeperson for Local 240 office workers for six years at Bendix Corporation. The office workers were not provided with the same tests conducted for the plant workers. At no time were air samples taken in any part of the offices.

15 We were told by Bendix that the office workers had no need to be concerned, even though we had to travel through the plant in order to get to our work stations, to go to the washrooms, to go to the cafeteria, to use the coffee machines, etc.

20 Office workers only had one x-ray taken and one pulmonary examination done. This was taken in the early part of 1980. These tests were only provided by the company after pressure from Local 195 was put upon the company. At that time they decided that these tests should be done, only because of 195.

25 Conditions of the office areas were very, very dirty. Every morning we would have to wash our desks before we could even to sit down to begin our normal work activities. There was always a film of dust on the desk. Who is to say that asbestos fibres were not contained in this dust on the desk and work areas?

30 For Bendix to say that office workers had nothing to be concerned about, that we were not exposed to the asbestos because we did not work in the plants...I don't know how they could say this because we were exposed every day that we went into that place to work.

5 MRS. WHITE: (cont'd.) I don't know, we have one case of a Bendix worker...though it hasn't been mentioned because she hasn't come forward. We don't know how many other people in the office are walking around with asbestosis at this time, but the Bendix workers of the office were definitely exposed to asbestos.

That's all I have to say at this time.

MR. GILL: Thank you very much.

10 The next and the last to speak before you can start asking questions is Roger Douglas, a skilled trades maintenance worker at Bendix.

15 MR. DOUGLAS: Mr. Chairman, I hear from testimony from all the witnesses here, brothers and sisters, and I believe there's been a lot of 'ifs': If the job description and the employee location were attainable - if you were looking for their attendance records or their attitudes, I'm sure you would find sufficient records for that; if Bendix was made to comply with the directions dating back to 1966, from the Ministry, possibly we could have some of our brothers and sisters sitting here a lot sooner than this, still with us.

20 When you keep relating to the ten percent, as the Ministry says, of the people that were in an area that was greatly affected, I find it hard to believe that Brother Maase and Brother Hank Bednarick who I worked with, one for ten years and one for twelve, that were ordered into dust collectors... as I made mention in Toronto...and yet the records come down that 25 they were only exposed for periods of twenty minutes weekly, or something of this nature.

I find it difficult and I can't explain why the answers for the high level exist, other than in the ten percent areas.

30 Brother Tommy Dunn is another example of having been told that he did not work in the area.

5 MR. DOUGLAS: (cont'd.) In the areas of Bendix, you get Prince Road or Argyle...and even as far as Central Avenue, which we did have three plants at one time...the Ministry was not aware of that...we should find a way of conducting the studies that were taken in the plant on air, and they made statements that they went about it at twenty minutes and sometimes four-hour periods. Having worked in the maintenance area I was also able to observe this moving about the plant freely, and I was there on a number of occasions where the full production of the operation was definitely down on those particular cases and days in question.

10 For Nellie Maase, who I did work closely with, on a number of occasions some of his famous little sayings and quirks made all of us get through the day a little easier, but he did in fact think a large percent on his body and his condition, and his age never really played a role and he is one of those individuals that passes on and you find it difficult to believe they were at that age.

15 But Nellie did go down fast and I would like to know why the Ministry expects that they should have the right to punish the widow.

20 The same in Brother Bednarick's case. To force them to come forth and sit and speak out and then, as Mrs. Bendarick has stated in one of her previous hearings, they have made Hank out to look like other than the man he was, that I knew for twelve years.

25 Hank Bednarick, yes, he was, as his wife...she was a little modest when she said he was a golfer. He was better than that, he was a pro golfer.

30 His home was his castle, his job was his hell. But he lived for his vacation period and it's true that the tradesmen did give up their summers. But again he went back into the dust collectors to redesign them for the oncoming shift

MR. DOUGLAS: (cont'd.) and the heavier production load that would follow.

5 Bob Taylor, I've sat with Bob and drank with Bob over coffee, and I found it quite difficult to believe when the proof came down from his doctor that he also has asbestos fibres, and I'm just waiting for the day that I have to go to the doctor for my x-ray, which I was involved in negotiations and didn't get the opportunity to receive during the closure of Bendix. 10 I'm not that sure that I won't get the same type of results back from my doctor.

15 As far as Frank Stea is concerned, again we were there during the late sixties, the seventies, and it was all work in that area and it was all dust in that area. The only shift that you didn't notice the dust was midnights, because the lighting was very poor.

20 But we all had to live through that and we are fortunate we are still living through it. We only ask who has the answer to Steve Stea (sic) for the mistake of the Ministry that dates back to 1974, where they did find a spot on his lung and in their wisdom they wait until 1980 to answer to him. Then they have their word games that they play.

25 The people of Bendix and the people involved with asbestos wherever, I'm just surprised that in 1978 the engineering staff of Bendix went on a tour of some of the other asbestos operations in lower Ontario...I understand there is one in the Tilbury area...and when the leader of the engineering staff from Bendix came back his reply was, you are a bunch of crybabies, do you realize they still have their dust collector inside the building and they are still shovelling it into bags?

30 So I'm wondering where was the Ministry then and where was the health and safety precautions that are necessary to protect the workers who don't have the right, and

MR. DOUGLAS: (cont'd.) still with Bill 70 are questioned and pressured into whether they will take the chance of refusing to do the job or not. But the Ministry sits here
5 and reads from articles of where there is more co-operation between unions, more co-operation between health and safety committees and corporate committees. I don't know of any plant that I have come in contact with, and there are some sixty-some odd in our local unit alone, that have not spoke to that, that
10 they have had that type of co-operation.

But I'm hoping that the Frank Steas and the Bob Taylors, the Mrs. Bednaricks and Nellie Maase's wife, and the rest of the office staff that come forth and it's found that yes, they do have asbestosis, I hope this will show some interest
15 to the Ministry that this fight may have started back in 1966 with the Ministry, but we were only made aware of it somewhere down the road and the Ministry intends to act in any way to support the workers of this area who are related to asbestos, we'll be waiting and hopefully we will still be here when the time comes that they can come to us and say yes, we believe you
20 are right. I hope I'm here at that time.

Thank you.

MR. GILL: Thank you, Roger.

Mr. Chairman, could I have your indulgence? Mr. McCann would like to make a further statement.

DR. DUPRE: Yes.

MR. McCANN: Yes, I would like to refer to the
25 Ministry again. They keep bringing up that the air sampling was below the standards, and I have a copy here of a field direction in 1970, and you have it in our brief, and I'll just read one paragraph here: "Cleaning of the collector bags is
30 considered to be primitive and exposes a man unnecessarily to high dust levels. In addition there can be considerable area contamination and

MR. McCANN: (cont'd.) it should be stopped".
They want us to get all of this. This is in the
report.

5 Another paragraph...

DR. DUPRE: Excuse me. Where are you quoting
from, Mr. McCann?

MR. McCANN: The field trip reports...

DR. DUPRE: Oh, yes. That are in the appendices
to the brief?

10 MR. McCANN: Yes.

DR. DUPRE: Thank you.

MR. McCANN: The 1970 report. Again, this is
a 1970 report again, paragraph five: "On the day of our visit
the air was relatively calm. Clouds of dust
drifted around the yard, some of it
15 re-entering the plant. On a windy day
considerably more dust should be picked up and
blown about."

Now, they want to prepare all this. All they
keep referring to is 1975 on, and they were below the standards. Are
20 you telling me they were below the standards when they say
that the operation was primitive?

That's all I have to say.

MR. GILL: Thanks.

Mr. Chairman?

DR. DUPRE: Thank you, Mr. Gill.

25 Just a quick factual question. Have the Maase
or Bednarick been compensated by the WCB?

MR. GILL: They have been presented, they have
been denied, they have been appealed and we are waiting the
decision of the appeal, although we have the information on
30 the findings of the appeal procedure. That's where it rests
at the moment.

DR. DUPRE: So they are now under appeal?

MR. GILL: Yes.

5 DR. DUPRE: May I ask about Taylor or Mr. Stea?
Are there any proceedings before the WCB for disability pensions?

MR. BYRNE: They are in the same process. We are waiting to hear from the Compensation Board on Mr. Taylor. We have not heard...on the initial claim, we have not heard anything.

10 DR. DUPRE: So these are at the initial claim stage?

MR. BYRNE: Yes.

MR. GILL: We didn't bring forward the details on this. We were expecting you to deal with them later. They are very interesting, if I can use that word, cases.

15 DR. DUPRE: Thank you.

I might make a general comment, Mr. Gill. This is a listening commission and from what I have been listening to I think that one thing is abundantly clear. The Ministry does not enjoy very good relations with the UAW in Windsor at the moment.

20 Of course what you have been telling us is useful not only for us, but because it does go on the record, a record which, of course, is available to those who are not here. So there is great utility in your presentation. It reaches beyond this room.

25 Can I just ask you this? I remember being quite struck...this is a matter of public record...by Mr. Armstrong, the Deputy Minister of Labour, when he appeared before us in Toronto. The transcript will show that Mr. Armstrong at one point in his remarks expressed a degree of exasperation on the following point: Namely that he does receive indeed
30 some very negative views of the Ministry's work, but most of the time he receives these secondhand relayed through the

DR. DUPRE: (cont'd.) estimates process, relayed through presentations made to Commissions such as this.

5 Can I ask you, sir, as a senior member of the UAW, do you take the problems that you see with your relations with the Ministry directly to the senior administrative officer of the department and discuss these problems with him face to face?

10 MR. GILL: Yes, we have. In particular we have had to, to paraphrase it, clean up several situations in this Windsor area over the last few years. Although I came out of the UAW, I was off working for a central labour body for a number of years and I came back to the UAW four years ago, now although I didn't have direct responsibility for health and safety, I had responsibility for legislative liaison and so on. Immediately
15 we got this new legislation, whether it be Bill 139, the predecessor, or Bill 70, we were of the opinion that it did contain some good points, extremely good points, but we were also aware that it would have to be monitored or policed quite closely. In other words, it could fall apart if all the actors that come into play were not playing their part.
20

What has concerned us from the outset of the legislation is the lack of attention to what we perceive...I will repeat that...what we perceive to be the role of the Ministry of Labour. All too often we are told that they would really like to be bystanders and they would let this process
25 they call internal responsibility take charge and straighten out situations. I think you've had a good example here of the failure of internal responsibility as they express it.

30 So we have monitored it very well, we think, to try to find spots or try to find if there were spots where it was not working, and we have used the appeal procedure that is contained in the legislation..fourteen days from an inspection and so on. We requested or suggested to our people, health and

MR. GILL: (cont'd.) safety reps, that if you are not satisfied with the actions of an inspector, you have this process and all you have to do is pick up the phone.

5 We have done a number of appeals, but I was very surprised in December to hear from the Director of the Industrial Branch state to a UAW conference that there were only two appeals on record. That's a God damned lie, because I appealed more than two times on behalf of our members. So the Ministry doesn't even have a process of keeping track of the complaints that go into them.

10 In Windsor right at the moment...it's not just Bendix...we have an appeal in another plant, we have a couple of more other plants, we are having a hell of a time.

15 In the Windsor area two years ago we had to go, as we said, to the top of the house, to the Associate Director, because the attitude of the inspector in Windsor here was not what we thought in accordance with the way the legislation was written, nor the way we were led to believe it should be interpreted. We were proven right on that.

20 Let me tell you, that's not the first time we've been back to Windsor with the same sort of problem.

DR. DUPRE: Could I ask you...

MR. GILL: We do...let me answer to make it very simple...yes, we do go to the top of the house.

25 DR. DUPRE: Can I ask you then, are your problems more with the field level of the Ministry in your relations with the Ministry here in Windsor?

MR. GILL: In some respects it's hard to tell because we assume that the field level here is operating under some direction.

30 MR. McCANN: Going back to 1966 and 1970 again, that's right from the top honcho back here, Mr. Neilson. So it's just not from the lower levels.

MR. GILL: If you look at 1966 where the Ministry was broken down differently, granted, and the argument may be made and made correctly that when one minister is responsible for testing and another for enforcement, it's not going to work. It obviously did not work then or the same person wouldn't have signed the report in 1966 and said there shall be no more dry sweeping and God damn it, you get in 1979 the same person signing the same report saying exactly the same thing. That, to me, is not working.

Under the new setup that shouldn't be a problem because they all come under the same ministry. They should be able to work.

If you ask me is it at the inspectorate or is it at the senior level, well I belong to an organization where there is a bit of hierarchy, too, and like a lot of organizations we may give a lot of latitude to our people in the field, as it were, but there are some guidelines and some direction. What I'm trying to find out these days, are those people operating under them or is it just their own lack of initiative?

DR. DUPRE: Dr. Uffen?

DR. UFFEN: Earlier today we had a discussion, I believe you were here, about the sparseness of the records about where the men had worked. I have been looking through your presentation here and I find a table, "employee's name, job description, location", rather, very specific. But it's 1979. Now what I don't yet know is, how long have these records been kept..Ontario Ministry of Labour, Occupational Health Branch, which gives a pretty precise description of where the employee was? Is this new?

MR. GILL: Those are...when any tests are done they do give a description of the person, the name, their location and so on. If there were reports of this nature, I think they may have been slightly different, but I think you should place that question to the Ministry because I think

MR. GILL: (cont'd.) there is particular information on their files that would go back. But again you must remember these are only, Mr. Uffen, these people that were designated as...

DR. UFFEN: It's in your field trip reports, if I'm...

MR. McCANN: Yes, that was the latest report.

MR. GILL: Table of results?

DR. UFFEN: Yeah, that's it.

MR. GILL: Yes.

DR. UFFEN: Are these fairly new then?

MR. McCANN: Yes, that was the latest one, 1979. There may be...I think you have 1979..and the union did work along with them to find out where the sampling was going to be taken at that time, prior to this.

DR. UFFEN: I also have another question. Maybe you can answer it for me. When the Bendix Corporation stopped its operation here in 1979, did they remove a lot of equipment, to your knowledge, and if so, was there any monitoring of the dust levels at the time?

MR. McCANN: To our knowledge they did remove all the machinery out of here, but there was never any monitor that we know of. I was just informed today, Shelley was telling me that the one plant on Argyle Road, which was the grinding area for years, GM Transmission bought the plant and originally they were going to tear it down, but now I understand they are keeping it for storage, so therefore the employees of General Motors are going into this area and I'm sure the building is covered in dust in there, because it was when we were there, and these people aren't aware that there is asbestos there.

MR. BYRNE: If I may speak to that, the GM did buy the property and they were going to tear down the plant. Apparently they are going to use part of that plant and I was

5 MR. BYRNE: (cont'd.) informed just recently by the chairman of the GM unit that his people refused to walk into that portion of the plant where the grinding had been done, until such time that the air would be sampled. I do not know the results of that sampling, but apparently the GM people could tell you the results of that sampling.

MR. GILL: Roger?

10 MR. DOUGLAS: Just in answer to your question of how did the equipment in fact get dismantled and moved, keeping in mind that the plant closure was done in a fifteen minute sequence, none of the people of Bendix, the workers of Bendix, went back to do any of that dismantling. It was all done by outside contractors. Only what we could visibly see from frequent trips around the plant, that it was in fact all
15 done by outside contracting...packaged and shipped across the border.

MR. GILL: Just as an aside to that, you may be interested to note, although General Motors...General Motors bought that site, the Argyle Site, there is also another transfer to General Motors. The safety director at Bendix is now the
20 safety director at General Motors on the new production processes as well. We'll be asking you later on to subpoena that particular person because of course we don't have that power.

Let me answer some of your questions, Mr. Uffen.

25 DR. MUSTARD: Perhaps you could help me sort out, or give me a bit more information which may eventually help me to sort out a bit of a dilemma that I see so far in the information that we have received. In the Ministry of Health book, it lists for Canadian Johns-Manville, this is the document that they submitted in January, five hundred workers exposed to asbestos. It lists one hundred and twenty-six at
30 Raybestos Manhattan plant in Peterborough, and four hundred and

5 DR. MUSTARD:(cont'd.) eighty at the Bendix plant here. In the records that I have seen so far of Compensation claims for diseases related to the exposure to asbestos, Bendix is at the bottom of the list, the lowest number of claims have come from this site in comparison to the plant in Peterborough and, of course, the Johns-Manville plant.

10 I can understand the difference between the Johns-Manville exposure, perhaps, and the exposure in the Bendix plant, but as I understand it the plant in Peterborough is a similar kind of brake lining plant. Is the difference in the claims related to the lack of understanding about the relationship between exposure to asbestos and disease problems here among the work force, particularly in the earlier period where some of them may have left the plant, is it because the conditions actually were better here and there was less exposure? Is it because the record system is giving you problems with the Workmen's Compensation Board? Can you give me any help?

15 MR. BYRNE: Yes. Some of the reasons why there were a lot of cases, I would assume, a lot of cases not compensated is the fact that we had such a poor relationship with the health and safety people in that plant that, such little co-operation, that everytime we did present a compensation claim the person was automatically denied, and I mean automatically, regardless of whether he had his hand chopped off or fingers chopped off, whether in fact he had some respiratory problem. So as a result of that, because people couldn't wait for nine, 20 ten, eleven or twelve months, they decided not to file for compensation, but instead they would go on our sick and accident insurance program which in fact would give them about half as much money, but nevertheless at least they would have some immediate revenue in order to provide for their families.

25 That really accounted for a lot of the reason why there were fewer compensation cases.

DR. MUSTARD: Even in the asbestos field?
I'm concerned about the claims in relation to asbestos-related diseases.

5 MR. McCANN: Is that claims recognized, are you talking about? Like at the plant?

DR. MUSTARD: Yes, yes.

MR. McCANN: This is our argument right now. Every case that we have handed in, they deny it. Like, I mean, excellent cases.

10 MR. GILL: And the corporation actively, actively contests them. They are not necessarily rejected automatically by the Board. The corporation itself participates in the hearing and contests every claim that goes in.

15 DR. MUSTARD: What about the problem now that the plant is closed and there will be members of the work force that were exposed to asbestos ten years ago who have left the employment and are someplace else, and they come down with illnesses that might be traced back to asbestos? Are you as a union in any position to give these people help? Are you trying to track them? Are you doing anything about them?

20 MR. GILL: Well, part of that close-down agreement about the study of these workers, which is mentioned on page six of today's Ministry presentation, this was initiated by the union. This wasn't volunteered by Bendix Corporation nor the Ministry, and this was one way we wanted to put on record what has happened to the people that worked there and so on.
25 Because we know when the plant closed down records may or may not be here.

30 Just an aside to that. On paragraph twelve the indication was made that the records the Ministry got from the Bendix were purely about periods of employment and salary. When we met you before, we mentioned the Employment Standards Act and the minimum requirements of what they have to keep,

MR. GILL: (cont'd.) exactly. All the Ministry got was the bare minimum requirements under the Employment Standards Act.

5 But we think if the Ministry would co-operate with us, we would put on record some sort of a history of the people that worked there and make it easier for us to track. We will have difficulty because these people may leave Windsor, they may leave the country.

10 DR. MUSTARD: Can I take it a bit further? Suppose someone who was working with Bendix in the sixties and was a member of UAW has now left Bendix, and I presume you could go into another kind of career and join a different union, would you be interested in the records of those people as well?

15 MR. GILL: Sure. But our capabilities of tracing these people...

DR. MUSTARD: Yes, I understand the problem.

MR. GILL: Yes, absolutely.

20 DR. MUSTARD: My final question is, and again it might help me, I learned from the Ministry and other discussions that the surveillance of the workers in the Bendix plant was determined by management from 1966 on. Is that correct? And what input did you people have, if any, into that surveillance?

MR. McCANN: That is correct and we had no input whatsoever. None whatsoever.

DR. MUSTARD: Thank you.

25 MR. McCANN: They handed in a list of seventy names and there were seven hundred employees. And there were people...when the x-ray unit did come in there were people that wanted to get an x-ray, and they were refused to have an x-ray.

30 MR. BYRNE: A point I think that's important, we have to understand that because we have a collective agreement we also have within that agreement job-posting language. In

5 MR. BYRNE: (cont'd.) other words, a person could post, because the department was quite unpopular, people would be constantly posting out of that department. This was our argument, Jack McCann's argument, for years...even prior to him being the health and safety rep...the fact that if you are going to monitor someone, if they really monitored those people who came out of department twenty-five, they would have...

10 (REPORTER'S NOTE: At this time there were a few seconds of static which made the tape inaudible. It picks up in mid-sentence, same speaker.)

...some of the employees of Bendix who went through that department at one time or another, especially from 1966 on.

15 MR. GILL: You might be interested to know, Ed Lawrence has joined us and maybe he can help you.

MR. LAWRENCE: My name is Ed Lawrence, and I was chairman of the Bendix office unit for ten years. In regard to the monitoring, the trucks did come in for x-rays and that and this was at a period of time when they were allowed to have ten percent of the so-called people x-rayed. I, at that period of time, approached the company to see if in fact my office people could have x-rays. It was flatly denied. There was no need for them to have x-rays as far as the company saw fit, and we were flatly denied.

25 That went, just to reiterate what Mrs. White said, we did not have an x-ray or a pulmonary test until the beginning of 1980, and that was only on the basis that everybody had to have it at that period of time.

Thank you.

30 DR. DUPRE: I just have one last question, Mr. Gill, at least for this go around today. I guess it is, can you help me in my confusion, and let me just tell you the source

5 DR. DUPRE: (cont'd.) of my confusion. I hear
you say very distinctly 'if the Ministry would co-operate with
us, we could help them.' I look at the Ministry brief and I
see stated very clearly there, "we need the co-operation of
the union and the company representatives to determine the extent
to which they can provide or lead us to information on which
workers were involved". When I see your statement, 'if the
Ministry would co-operate with us, we could help them', I hear
someone who is offering to supply co-operation. When I read
10 the Ministry statement, I see the statement of someone who is
in need of co-operation. In the most elementary economic terms,
I see an offer of supply of information and I see a demand curve
for information. I am confused because I don't see the demand
and the supply curves crossing. Can you help me?

15 MR. GILL: It may be new to you to see it,
but it's not uncommon to us. I think I'm well enough known to
the Ministry of Labour that they can find me. They know I work
with the union that represents the workers at Bendix. They know
I could be in touch with international representatives sitting
here today that service that union. They know the names of
20 the people in the local union, they were given the name of a
person...and you have copies of the correspondence here today
and I can read it to you very clearly...this is from Mr. Wakeco,
the president of the local union, on February 9th, the new
president: "Please be advised that John McCann" of a particular
address, phone number and so on, "will be your contact person."
25 There he is and you can speak to him and he can explain the
contact he has had.

MR. MCCANN: So far I have had no contact other
than the letter stating that they had received my name.

30 MR. GILL: And we see a study going ahead that
we don't know whether or not we can subscribe to its credibility.

So there you are. What more can we do?

5 MR. McCANN: I think if we are going to work together on this, I think the union should have some voice on who is going to be in the study, too. It shouldn't just be the company and the Ministry that decides ten percent of the people are going to be checked when we had everybody exposed at Bendix. That doesn't seem fair to me. Does it seem fair to you?

10 DR. DUPRE: Well I think it's fair to say then that the state of relations at the moment calls upon a Commission like this one to be a messenger boy between the two parties. This is a function indeed that we are performing today. I will simply, however, if you will permit me, for the record, express my views that there is only a great deal to be lost if for very much longer the state of the relations is such that you have to use a Commission as a messenger boy. But we gladly
15 accept that task for the time being.

MR. GILL: I think you have come to a great understanding of our dilemma and the problems we face in dealing with the Ministry.

20 DR. DUPRE: However, it is surely both in your interest and that of the Ministry to be able to dispense with our messenger boy services at the earliest possible date. Would you not agree?

MR. GILL: I think we have the evidence that we have tried to deal directly with them.

25 DR. DUPRE: Thank you very much, Mr. Gill, and may I thank all of your colleagues who accompanied you before us this afternoon.

MR. GILL: Thank you.

DR. DUPRE: May I now call a brief five minute coffee break and we shall reconvene at 4:05.

30 THE INQUIRY RECESSED

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THE INQUIRY RESUMED

5 DR. DUPRE: I would like to welcome most warmly
the delegation from the St. Thomas and District Labour
Council. Mr. Howard Hunter, I believe, is heading the delegation.

Mr. Hunter, would you proceed, please?

MR. HUNTER: Okay. Thank you, Mr. Chairman.

10 First I would like to introduce the people who
are sitting with me. On my left is Lil Gascombe, who is the
Chairman of the Occupational Health and Safety Committee of
the London District Labour Council.

On my right is Linda Jolley, from the Ontario
Federation of Labour.

15 Basically in my presentation before you today
I will be going through the brief that was already submitted
to you, highlighting the recommendations and commenting on some
of the recommendations that are contained in that brief.

20 The St. Thomas and District Labour Council and
the London and District Labour Council have gone on record as
supporting the concept of the removal of asbestos from all work-
places and all buildings in the Province of Ontario. For your
information, those two councils have as a membership some
twenty-eight thousand trade unionists in the cities of London
and St. Thomas and surrounding areas. In that twenty thousand
there are some ninety unions that are represented by these
councils.

25 The recommendations that are contained within
the brief that I have previously submitted to this Commission
I would like to deal with. Firstly, the recommendation of
compulsory substitution of safe alternates - safe, tested
alternates, with the possible removal date...or if possible
30 a mandatory removal date of 1990.

We understand that meanwhile there is a

5 MR. HUNTER: (cont'd.) movement, and it has been presented before you, for a number of alternate ideas to the removal, being encapsulation, enclosure and then last, it seems to always come up last, the removal of asbestos from the workplace and from buildings.

10 The problem we find with a number of them, firstly the encapsulation, is that when you encapsulate it or when you enclose it...for the first problem we can group them together... you have to deal with the concept of contact damage to whatever you are using to either enclose or to encapsulate. I have yet to see anything put forward by any of the people making submissions along the line of an inspection procedure if you are going to encapsulate them, and this seems to be a recommendation that has come before us. No one has then followed that recommendation up by saying fine, we've got to have some kind of a mechanism to ensure that that encapsulization is never broken, because once it is broken you are back into the same situation, you are back into free asbestos.

20 The encapsulization, we feel, does not eliminate the problem. The asbestos is still there. It may be rendered safer, but if that encapsulization starts to break down, what problems are then going to be resulted if we then have to remove it? I'm given to understand that once you encapsulate and something happens and you have to start removing it, then it becomes a very difficult problem to then safely remove it by wetting and scraping off, because you can't get the proper wetting.

25 Enclosure: The thing that comes to mind on enclosure is, if you build asbestos in and you have a deteriorating asbestos problem which you are building in, are you not just simply allowing asbestos to build up behind the enclosure, and at some point in time if the enclosure should

MR. HUNTER: (cont'd.) malfunction or break or be broken into, do you then not create a problem much worse than what you started out with?

5 It brings us to the point of where these two councils sit, and that is the removal of asbestos and the replacement of that asbestos with safe alternatives. Some safe alternatives have been put before this Commission.

10 The problem that immediately comes, and has been brought up a number of times when we discuss removal, is the cost factor to go in and simply remove things. The cost is astronomical. I've got to agree. It is astronomical. We have gone so long, we've had asbestos in the workplace so long and in the buildings so long, and we've built it in and we've built it in. But may I ask one question only, based on the
15 presentation that was just before us, what is the cost of a human life? Is the cost of a human life worth the cost of what it would take to remove that asbestos?

I would like to move on to another recommendation. Not one that I prefer to deal with, because I would like to have just been simply able to say, we would like to remove all the
20 asbestos from the Province of Ontario, but a number of proposals have been put forward and I would like to deal with them.

The allowable exposure limit: If we must do some monitoring, if we must somehow come to some established procedure...and I'm not sure we should...the recommendation of
25 which we have contained in our report with some reserve, is that the allowable exposure to people should be the lowest detectable level that could possibly be achieved.

I understand that when we start talking about lowest detectable levels and contrast microscopy with its ability to detect fibres of point zero zero one fibres per c.c., we
30 then get into the definition of fibres and what is the fibre we are looking at.

5 MR. HUNTER: (cont'd.) To that question may we suggest that maybe...and I'm given to be that electron microscopy is much more accurate in defining fibres. I also respond to that in saying that if the major component in a workplace...and I have to relate again to Bendix because of the information that has been put before us...if the major component in the workplace is asbestos, if that is what they are using in their operation, then it is reasonably logical to assume that the major component in the sample will be also asbestos, and if the component in the sample is some fifty or twenty percent, then the major component of that is going to be asbestos. I think that speaks to a problem. Somehow we've got to reduce that.

15 The feeling that is generated that, if we have no asbestos in the workplace, no detectable asbestos in the workplace, maybe then we are getting to a level which we can assume is safe.

20 The next recommendation contained within the report is with regard to TLVs. We wish to go on record as opposing TLVs. It's very simple.

TLVs as we know then now are based on the belief that there exists for each substance an amount which is not hazardous, and that some protection...that it will protect most of the workers some of the time.

25 Listening to what has gone on today, there was a mention made of a ten percent, which I found rather interesting. Ten percent of the workers would determine to...were selected for x-rays. It reminds me of a story which I relate to TLVs, which I would like to, if possible, relate to the Commission, with regards to a hobby of mine, which is diving.

30 In diving we are going down in the water and being subjected to nitrogen at a very high rate, which the body absorbs. Many years ago there was a problem in the United

MR. HUNTER: (cont'd.) States Navy, they ran into a problem with sending their divers down to do work on wrecks. When bringing them up after a period of time, they were getting what everyone knows as the bends.

They decided that they would have to establish a kind of table, a worktable for the divers, and while looking into it they found that they could devise a table which would protect all their divers. However, that table would be so stringent that their divers would not be able to work, they would have a very minimal bottom time.

So the United States Navy in its great wisdom determined they could afford to lose ten percent of their divers, and they devised a table based on a ten percent fatality factor, which was built into the table. Which means if you send a hundred divers down, ten of them are going to come up with the bends, severe bends, and possibly die.

When someone talks of TLVs to me, that is what comes to my mind, that there is a fatality factor built in to TLVs. TLVs are not designed to protect people in the workplace.

Even the Ontario Ministry of Health has made a statement, and I quote, "There should be a dose, dependant on the exposure time, that the body is able to absorb, metabolize, detoxify or excrete safely".

When you talk about asbestos, I don't think there is a dosage...I'm not sure and maybe I'm lacking in my medical information, but I'm not sure how the body can excrete, absorb, metabolize or detoxify asbestos fibres in, let's say, the lung.

The Ontario Ministry of Labour at one point in time argued that there was no safe level for carcinogens, yet that same Ministry of Labour has adopted TLVs and it has turned around and said well, this we will determine to be a

MR. HUNTER: (cont'd.) per se safe level.

5 The only...a number of other things that I wish to deal with, and going a little bit away from the brief and just answer...sitting here and coming up behind everybody else, and something that the Commission itself, Mr. Chairman, you have raised, is the operation of joint committees. I would like to just make a couple of comments in regard to the operation of joint committees, just in supplement to the brief.

10 I have just completed in my area a rather extensive occupational health and safety program, a some thirty-hour program with some fifty people representing about thirty-five trade unionists, and the information that came out of this was very, very disturbing for me in regard to the co-operation of joint committees as they are laid out under the Occupational
15 Health and Safety Act.

I find that there is very poor co-operation between the companies and the unions. The joint committees are meeting on a basis of the very minimum set down by the Act, which was three months. Some committees are meeting just those three months, every three months they meet.

20 As everyone is well aware, those committees have no force. They can only recommend to the company to implement things.

The other thing that I am getting back from many of those people is that implementation is very, very slow, unless the implementation shows cost saving.

25 One committee, a number of committees...it was two, to be exact...brought back a problem in regards to toxic substances in the workplace. They asked their employer, and they were investigating an unknown substance in the workplace, they asked the employer for what is known as a data sheet on that substance and were told very bluntly by their employer
30 that unless they could prove that that chemical was toxic, that

MR. HUNTER: (cont'd.) they could come forward with people who were dropping, who were getting dizzy, getting sick or having to be shipped to the hospital because of their exposure to that chemical, their employer did not consider the chemical toxic and therefore would not give them a data sheet.

In one case, the company even informed the joint committee people that after an inspection the information they received during that inspection, the company would consider privileged under Article 34 of the Act, and that they could not transmit it or discuss it with anyone else. And if they found any hazardous situations during that inspection, if they found anything that was of danger to the workers, they could not transmit it under Article 17 of the Occupational Health and Safety Act where it gives a duty for anyone finding something of hazard to tell someone about it, to tell the supervision, to tell the plant.

By the way, both of those items were backed up by local inspectors saying that they were correct in their concept. However, upon higher...in the higher steps of the Ministry there are other interpretations.

I mentioned too the fact that I just came out of the Occupational Health and Safety training program. I was part of the instruction team in that program. That's something that we are doing, we are trying to give our occupational health and safety committees some expertise in the workplace, and the Ministry of Labour has stated that this program put on by the Ontario Federation of Labour is one of the best instructional programs for occupational health and safety people in existence that they know of, and this is the Minister himself and some of his people.

Yet one of the members of the session that I taught went back to his workplace and discussed the problem in the workplace as was related through the material that was

5 MR. HUNTER: (cont'd.) put out by the Ontario Federation of Labour, and the inspector asked him where he got his information, and he told him from the occupational health and safety program of the Ontario Federation of Labour. The inspector informed him that that department, the Ontario Federation of Labour, was leading the workers astray...that the advice that they were giving him was not accurate.

10 I only put those two items before you to maybe highlight a little bit of the problems that we are having in our area with the Occupational Health and Safety Division of the Ontario Ministry of Labour.

15 To come back to asbestos just for a minute, and to kind of conclude, we have a number of plants that have isolated asbestos and we are in the process of documenting them and I hope to present that documentation at a later meeting with you.

20 Some of the things that are coming out of that documentation as it points right now, that basically what they are trying to do is control the worker, not the hazard. In one of the plants, coveralls have been issued. But in issuing the coveralls, the cleaning of those coveralls have been left to the worker.

25 In other words, the worker gets to take the coveralls home with the asbestos on them, and cleans them. The direction that has been given by the company: Well, we have a vacuum cleaner over there, we would like you to vacuum them off before you take them home.

30 In that same operation there is a number of machines in a row where the asbestos is only possibly used in one or two machines. The machines that are using the asbestos, the company is supplying the workers with the paper masks as recommended by the department. However, the machines that are sitting right beside them with the workers on those machines, no masks are being supplied.

5 MR. HUNTER: (cont'd.) The inspection department does not feel it necessary that those workers, since they are not at point source of asbestos, however right next door to it, don't need protection.

10 Basically in the inspection department we are slowly resolving some of the problems, and some of the problems have to be resolved by going all the way to...as Jim Gill said... to the top of the house. One situation which we just finally resolved in the City of St. Thomas was that an amazing thing happened in the factories in the City of St. Thomas. One day the employer would come out and get the place all cleaned up, the doors would be opened, and one of the operations, which was a welding operation, they opened doors at both ends of the plant and blew the welding fumes out.

15 An hour and a half later, an inspector arrived. They ceased the welding operation for the time the inspector was there. When the inspector left, the welding operation was continued and the doors were closed.

20 Now that problem we have managed to solve, but we had to go all the way to the Ministry to solve it. We are now getting inspections and reluctantly we are getting inspections without notification to the company, and the inspector is just simply arriving.

25 In conclusion, Mr. Chairman...I know I've gone around in a big circle and touched on some other things other than the asbestos, and I did that only because I wished to bring before the Commission some concept and some idea of the problems that we face when dealing with the inspection department of the Ontario Ministry of Labour, and I would like to thank this Commission for hearing us.

30 DR. DUPRE: Thank you very much indeed, Mr. Hunter, not least because you have displaced yourself at some inconvenience to join us in Windsor this afternoon.

DR. DUPRE: Dr. Mustard, any questions about joint committees or...?

5 DR. MUSTARD: Let me ask the question in a positive sense. Are there any organizations in the London area that have joint committees in place that are working effectively, by your judgement?

MR. HUNTER: I would say yes, in major unions, if you had a large union. My own union, for example...

10 DR. MUSTARD: I wouldn't mind you identifying where you think things are working.

MR. HUNTER: Okay. I'll qualify it by saying they only work simply because of the force of the labour organization there, not because of the ability of the Ministry to do anything. If the labour force is there that something doesn't happen. In other words, we don't get a situation cleaned up, then there may be a confrontation between the employer and the employees and we will get them cleaned up. But it must go to that point and I think that's a very deplorable point to have to go to, that you have to threaten your employer to say, hey, protect my life. That's about the only operations that I know of that are working.

20 DR. MUSTARD: In other words, there are no joint committees in your area in which the involvement of labour and management to make it work was positive from the start?

25 MR. HUNTER: No. The only joint committees that are involved, that are doing anything, had to come by way of negotiations, and those committees are doing something, but very minimal.

DR. MUSTARD: And this would involve all the establishments in the London/St. Thomas area?

30 MR. HUNTER: I could speak specifically for St. Thomas after doing that institute. I am now going into an institute in London and I will be more than happy to give

MR. HUNTER: (cont'd.) you feedback on the total picture in London after it's done.

5 But in St. Thomas, out of the fifty people that I have representing some thirty unions in the City of St. Thomas at that course, none of them gave me any indication whatsoever that they were getting any co-operation out of their management in resolving any of the problems which they brought before them. It was basically simply said, that's nice, we'll discuss it.

10 DR. MUSTARD: Can I take up the specific example of substances. You said that in the groups with which you had experience that the management would not give you the details, specifications of chemical substances. Have you asked for information about the nature of those substances from other sources, such as the Ministry of Labour?

15 MR. HUNTER: Okay. The initial...we, again, had to resolve that the hard way. We ended up having to get some direction from Toronto to London back to the company that we did have the right to toxic data sheets from the company. With the exception of those that we managed to get resolved, there are some public service unions in the area which have had
20 to write to the manufacturer directly for information. I just saw some data sheets which came in from Kodak on chemicals for copiers, and some data sheets that just came in from Gestetner on some of their chemicals, and the only way they got them was to directly write to the manufacturer.

25 To answer your question in regards to contacting the Ministry for it, no, I don't believe...

DR. MUSTARD: But they do have an information system which you are supposed to be able to call and they will give you information.

30 MR. HUNTER: I am aware of that. I don't know of any of the organizations which have actually gone that route.

MR. HUNTER: (cont'd.) They...more than enough of them have gone directly to the manufacturer and asked for a data sheet.

5 DR. MUSTARD: But when you have taken the problem to Toronto about getting disclosure within your industrial sector, Toronto has helped you so that you have been able to obtain the information?

10 MR. HUNTER: We have obtained most of the information that we were specific...basically what it boils down to is that if we gave them, if we went in to the employer and gave them chemical X with manufacturer such-and-such, they would then give us the data sheet on it.

15 We have yet to have been able to ask the employer to give us the chemical breakdown of his workplace. We are still having some problem trying to get the employer to say, okay, we have chemicals from X to Y here, and there's the data sheets on them. We still have got to go out and hunt those chemicals down. I suppose that still fits into the investigating procedure. That's where we sit on it.

20 DR. DUPRE: Dr. Uffen?

With respect to the asbestos control issue in the schools, to your knowledge have there been asbestos control operations, whether removal or encapsulation, undertaken in the St. Thomas area?

25 MR. HUNTER: Not to my...I'm going to have to defer that because the people who are following me are the CUPE union from the schools and I think they can better answer that question. To my knowledge, I haven't been in great communication in regards to schools on that. I have been dealing mostly with the industrial sector.

30 DR. DUPRE: But in any event then, you would not be aware of any problems that have come up in the construction

DR. DUPRE: (cont'd.) field with respect to the safety precautions that are observed to protect contractor employees who are involved in control operations?

5 MR. HUNTER: No, sir. We have no contractors as affiliates to the council.

DR. DUPRE: I see. Thank you very much.

MR. HUNTER: Thank you.

10 DR. DUPRE: May I then, once again, state our gratitude to you, Mr. Hunter. You have been kind enough to note that there is some further information which you will be giving us at your leisure. We will, of course, welcome it.

Thank you again for being with us this afternoon.

MR. HUNTER: Thank you.

15 DR. DUPRE: May I now invite the presenters for the CUPE London District Council to come forward, please?

Ms. Aitkenson, you are heading the delegation?

20 MS. AITKENSON: Yes. I am Miss Gina Aitkenson. I am secretary of the London and District CUPE Council. I am also an office worker in one of the high schools in the Elgin County Board of Education.

On my right is Bill Waddell, he is treasurer of our council and he is custodian for the London Board of Education.

On my left is Colin Lambert. He is our national health and safety officer for CUPE.

25 I believe you have the brief and so I will just touch on some of the highlights of the brief.

The London Canadian Union of Public Employees Council welcomes this opportunity to relate some of the concerns that we have concerning asbestos in the London area. We would like to address ourselves to a number of areas:

30 Number one - the asbestos programs within the schools.

Number two - asbestos problems in the municipal area.

MS. AITKENSON: (cont'd.) Number three - programs relating to public buildings.

Number four - disposal of asbestos.

Before addressing ourselves to these concerns however, we would like to endorse all the recommendations contained in the brief presented by the Ontario Federation of Labour to this Royal Commission.

Asbestos programs in school boards - this is regarding the London School Board. The London School Board, which is the largest school board in this area, has apparently undertaken a survey of its schools. The London School Board has not seen fit to inform its health and safety committee of its program, nor has it bothered to reply to a request by our national office asking for information on this program.

This information was requested by our national office of all school boards in Ontario. Of the one hundred and ninety-three school boards approached, just seventy-eight replied to our request.

Inquiries amongst the staff who work for the London School Board have shown that of the total of eighty-three schools in this area, only two have been identified as having asbestos. We have an extreme concern that the London School Board have conducted a very rushed and superficial examination of their schools. It is our contention that based on other school areas and based on studies in the United States, a greater percentage of the schools examined would have shown asbestos.

This leads us to suspect that the school board did not contract nor enforce a proper program of recognition.

Another problem area in all of the London schools that has not been addressed by the London School Board is the one hundred and sixty-plus furnaces that are in use in the schools. It is our information that each furnace has to be

5 MS. AITKENSON: (cont'd.) reinsulated at least once a year. There is a program of reinsulation that is carried out during the summer break period and an employee is engaged in this exercise on an almost full-time basis.

10 The furnace doors are sealed with an asbestos powder. The employee carrying out the work is, of course, exposed extensively to asbestos dust. He has never been informed of the hazards of using asbestos, nor has the school board explained the health effects that may incur.

He does, however, wear a mask, but this is at his own insistence. Inquiries have shown that the other school boards do not employ persons to carry out this type of work. They do, however, contract the job out.

15 The main contractor in this area is Waterloo Manufacturers. The most common type of boiler involved in this work is the Cleaver Brooks boiler. Observations by school board employees of the contractors has shown that the employees of the contractor do not wear masks, nor do they take any particular precautions. They certainly do not enforce the type of protective programs recommended by NIOSH.

20 Regarding the London and Middlesex County Separate School Board: It has thirty-five schools under its jurisdiction. This school board also failed to reply to the inquiry from our national office. At this time, the information that has been given to the local, Local Union 1166, is that none of the schools contain asbestos.

25 The health and safety committee representing the workers in the school board have asked that a safety representative from the committee be allowed to go around and help sample for asbestos. This request has been refused on the grounds that it has already been done.

30 It is difficult to believe that out of thirty-five

MS. AITKENSON: (cont'd.) schools not one contains asbestos.

5 The health and safety committee, were in attendance at a meeting recently where an inspector from the Ministry of Labour was present. This inspector, Mr. McKenzie, when asked about asbestos told them there was more hazard from asbestos because of dust from brakes on the street than there was in the schools. We wonder how Mr. McKenzie would know that this was true unless he conducted air sampling in
10 both areas.

It appears to us that this was a patronizing attempt to placate the committee members. We would suggest that this attitude by the Ministry inspector is not uncommon. We are led to believe that experiences of other committees
15 confirm this opinion.

The Middlesex County School Board: We have now received a copy, and this is not in your brief, but we have now received a copy of their report and would be glad to elaborate if the Commission wishes. The report shows that twenty-seven out of thirty...it should be noted that the health and safety committees are not involved in the sampling of the schools in the Middlesex County area...however, the report shows that twenty-seven out of the thirty-four schools have an asbestos problem.
20

The Eglin County Board of Education reported that three schools needed corrective action. The schools were West Elgin Secondary School, Forest Park Public School, and Central Elgin Collegiate Institute.
25

The health and safety committee again was not involved in the identification program. We do not know what corrective action was taken.
30

Inadequate program: We have a real concern

MS. AITKENSON: (cont'd.) that the programs undertaken by the school boards in the London area are completely inadequate. We have a concern that the school boards in our area also take the same attitude as that of the Windsor School Board.

We have a number of observations to make in this area. The refusal of the school boards to discuss the problems are contrary to the Occupational Health and Safety Act of Ontario, Section 8, Part 6, Sub-paragraph (a). It is the function of a committee, and it has the power to identify situations that may be a source of hazard to workers. This is not being done inspite of the assertion of the Deputy Minister of Labour, T. Armstrong. Committees are not being involved in this area.

Another reason that we are concerned about the effectiveness of the recognition programs by the school boards is the experience of the United States in this area. Reports from the U.S. show that by the most conservative figures that there are eleven percent of schools with problems. There are eleven percent of schools with problems.

We can forecast with some degree of confidence that the London School Board, for instance, with its eighty-three schools, would expect to find nine or ten schools with asbestos present. Instead, they report just two having the problem.

The report also estimates that as many as two to six million students in the United States may be exposed to asbestos fibres, also one hundred to three hundred thousand teachers may also be exposed.

If we do the normal estimation for Canada, that is, divide the number by ten, this reflects the tenfold population figures of the United States, we can assume that two to six hundred thousand students, and as many as ten to

MS. AITKENSON: (cont'd.) thirty thousand teachers are exposed.

5 We further estimate that the figures would be similar for support staff who work in the schools.

We also note that the one school board that hired an outside consultant turned up with twenty-seven out of thirty-four schools with asbestos.

10 Public Utility Workers: We have elaborated a number of areas that the Commission may wish to consider and pursue with us. We would just like to say that we find that it is inconceivable that the London Public Utility Commission, knowing the extent of the asbestos exposure, has not implemented a program of removal and of substitution.

15 City Workers: Dr. Sullivan conducted a number of air sampling tests. He showed the presence of asbestos at City Hall. He concluded, however, that no health hazard existed. This is contrary to the overwhelming evidence that there is no safe level of exposure to asbestos, that any level of exposure may lead to cancer. It is unfortunate that Dr. Sullivan is getting a reputation for being an asbestos expert.

20 Another area of concern is in the disposal of asbestos. Asbestos can be put into the garbage of households without any control. It can be dumped at landfill sites without any controls. We would suggest that each city needs to look at its bylaws regarding the disposal and the collection of asbestos.

25 We would also like to comment on the fact that the many other public buildings in Ontario...that is, public libraries, hospitals, town halls, government buildings, post offices, etc...have not had the same consideration that the schools in Ontario have been given. There is no program of recognition and prevention in hospitals, for example, where babies are being born. In many cases the first breath that the

30

MS. AITKENSON: (cont'd.) infant takes is literally filled with asbestos fibres.

5 In conclusion we would like to make the following observations: That cancers that we see in this present day and age, one in five die of this disease as a result of exposure of twenty years or more in the past. The harvest of carcinogens that we are exposed to now will be reaped in the forms of cancers in twenty to thirty years from now.

10 We have it within our grasp to ensure that our children are protected from at least one of the major cancer-causing agents of the present day society, that the use of asbestos be banned for all nonessential products, and that future use be phased out as safe substitutes become available.

The following are our recommendations:

- 15 1. That the nonessential use of asbestos be banned in Ontario.
2. That as safe substitutes become available all uses of asbestos be phased out.
- 20 3. That all employers immediately implement a program of identification and of control regarding asbestos in all of their work sites. That this program be a co-operative venture of the joint health and safety committees.
- 25 4. That this Royal Commission subpoena the reports and the results of all tests taken in the schools across Ontario.
5. That this Royal Commission investigate and make recommendations regarding collection and disposal of asbestos waste, that a recommended set of bylaws be established in each community in Ontario to ensure that exposure is minimized.
- 30 6. That disposal of asbestos be by dumping

MS. AITKENSON: (cont'd.) wastes in unused mine sites.

5 7. That all contractors who use asbestos either in removal or repair work be licensed by the Ontario Ministry of Labour, and also be required to conduct their work according to recommendations set forth by NIOSH.

10 8. That the Toronto School Board reports' recommendations regarding removal be accepted as standard procedure by all school boards in Ontario.

15 9. That the responsible Ontario ministries issue directives similar to that issued by the Ministry of Education, instructing that all public buildings receive the same attention as the schools in Ontario.

I thank the Commission for its attention.

DR. DUPRE: Thank you very much indeed.

20 May I assume that you will wish to either answer our questions yourself or direct them to whichever of your colleagues you wish to have answer them?

MS. AITKENSON: I would like you to direct them to Mr. Lambert of the national office.

DR. DUPRE: Thank you.

25 I note in your brief that you have positive comments to make about the asbestos control programs that have been conducted by such school boards as Etobicoke, Toronto, Espanola. I was wondering if by any chance you knew whether or not these school boards had made use of their joint health and safety committees in mounting those programs?

30 MR. LAMBERT: Basically, the Toronto School Board didn't use the health and safety committees as such. They set up a task force which included a lot of engineers all

MR. LAMBERT: (cnt'd.) over the place, and then at the insistence of labour they included some labour people. They weren't the health and safety committees as such. You can't say that that was a success for a joint health and safety committee. That's not a condemnation of that program. I think that that program worked very well, but I think it went in the wrong direction.

I believe that the health and safety committees should have been a lot more involved than they were.

The Espanola Board, no, and the Etobicoke Board, I really couldn't tell you about the health and safety committees and that Board, but I don't believe that the committees were used in the way that we would see them or would want them to be used.

DR. DUPRE: Since you mention the Espanola Board, and of course given our interest in Northern Ontario, would you draw that school board to our attention as the one whose program is perhaps most worth looking at in the north?

MR. LAMBERT: For two reasons. One that the results of these survey were very good and the recommendations very good. I'm not sure of the followup, what's happening with the removal in that. But the report itself is very good, so I would draw it to your attention for that reason.

The second reason I would draw it to your attention is that it's a very small...I don't know if you know Espanola. I used to live three miles from Espanola. It's smaller than Exeter. It really is an extremely...

DR. DUPRE: That's one of the reasons why I'm asking, because this may be one of those instances where small is indeed beautiful.

MR. LAMBERT: Yeah, it really is, and it shows that small school boards can do as good a job as big school boards,

MR. LAMBERT: (cnt'd.) given the will. So for both of those reasons I would think you would like to look at Espanola.

5 DR. DUPRE: Dr. Mustard?

DR. MUSTARD: Let me pursue this a little bit further. Have you any sort of judgement call you would like to make as to why some school boards seem to be able to do it to your satisfaction and other school boards can't?

10 MR. LAMBERT: I really don't know. I mean, I just don't know why...except that maybe in Toronto there's a very strong central labour organization that was pretty well on top of the job and really pushed from behind.

15 But as far as Etobicoke and Espanola go, I really don't know what made them more responsive than other boards.

20 DR. MUSTARD: I'm just wondering if the school board might have one or two people on it, in cases where it worked well, that had a sensitivity to the problem and understood it, whereas in other sections that school boards may not have a sensitivity and understanding and therefore the problem when it comes to them is a little more difficult for them to adjust to quickly.

25 MR. LAMBERT: But in all three cases the school boards had the foresight to hire people to do the job for them. They didn't...I mean they didn't get their little local engineer and say, go look at a couple of diagrams and tell us where the asbestos is. They went to an established contractor or an established research department and said, do we have any problems, tell us what they are, where they are. I think that's the difference. It was the will to spend a bit of money in the first place to make sure that there was no problem.

30 DR. MUSTARD: All right. Now let me come back to the joint committee function. Asbestos is a hazardous

DR. MUSTARD: (cont'd.) substance, Bill 70 is in place, the committee has the power to acquire that information, and yet you tell the stories of frustration. Surely, as was discussed this afternoon, if you are not achieving success locally, you can go down to the top and explain the problem and try to get resolution to the issues. Have you done that?

MR. LAMBERT: The letter in the back is a letter from myself to all school boards in the province. You will also see a letter there from Dr. Bette Stephenson, who is the minister responsible for the schools. She refused to give me the information.

DR. MUSTARD: No, but...

MR. LAMBERT: Further to that, I wrote to Dr. Robert Elgie, who is the top boy in the Ministry of Labour. I mean you can't go any higher than him. He has refused twice now to give me that information, and I have a copy of the latest letter going out, if you would like to see it, to Elgie, still requesting the same information.

I heard...and the reason they have given me right along was, we don't have that information, the boards have it. And yet today I heard the representative from the Ministry of Education say they did have that information, that they had collected it and they had that information.

DR. MUSTARD: But no, I'm speaking a little bit differently. Mr. Armstrong was before us and I believe you heard him. You have a joint committee, say in the case of the London School Board. Asbestos is a hazardous substance, you have people working in those schools. If the school board has the information, they are required to give it to you. If you are not getting resolution at the level of the school board, surely you go to Mr. Armstrong's office and ask him to help you solve the problem. Have you done that?

MR. LAMBERT: First of all you have to realize that you are talking about the public sector now. The public sector unions or the public sector workers have never been covered by an Occupational Health and Safety Act before last year.

In most cases committees aren't set up and working in the public sector. There is a tremendous resistance right across the province, in the public sector, to set up committees. We are just in the battle of getting committees established, let alone discussing anything.

DR. MUSTARD: Why should there be a battle?

MR. LAMBERT: Well, if you had listened to the hearings on Bill 70 before it was introduced, you would have heard the Ontario Municipal Association and the Ontario Hospital Association appear...this was in 1977...appear before the government saying there is absolutely no need for our workers to be covered by the Act...not committees...covered by the Act, because they have no hazards at all.

They have never got over that. I mean, they still believe that.

DR. MUSTARD: But with relation to the school boards, are they all negative to the joint committee role in relation to the workers who are exposed?

MR. LAMBERT: Yes. I don't know of one school board that has come ahead and said, listen, we have a problem with asbestos, what are we going to do about it. I don't know of one. I don't know of one municipal organization that has. I certainly don't know of any hospital that has.

DR. MUSTARD: As our chairman said earlier, you are a responsible leader of a major union and we have a responsible senior public servant who indeed supports this endeavour, and I guess the same question is that I hope you have carried your message to his office, and I guess, Mr. Chairman, we again can be carriers of messages, but the real

DR. MUSTARD: (cont'd.) interaction, surely, is between your office and that office to see these problems get resolved.

5 MR. LAMERT: Okay, let me say something about that, because what has happened was...as I said, we are brand new to Occupational Health and Safety Act...what happened was that I guess a million workers all of a sudden were covered by the Occupational Health and Safety Act..in the school boards, 10 in the municipalities and in the hospitals...and nobody wanted them. In the Ministry, nobody wanted them, right? I mean, nobody had any expertise, they didn't want to bother with all these new people, a million people, so they set up a new organization called Extended Coverage. That organization still only has about twenty inspectors or so...maybe forty. There's 15 twenty working, twenty more may be in training.

The department itself was brand new. They set up a whole organization to implement the program for public sector workers, okay? We found right at the beginning, by talking to the people in charge of that department, that there was some give and take going on, that it was worth talking to 20 them, that they were issuing good directives to their inspectors and they were hiring these inspectors right off the street. They weren't taking the old-time inspectors and putting those people in. They were hiring off the street and some of the qualifications for the inspectors were fairly good. They had to have an idea of the law, they had to have some kind of technical background, 25 some labour background, so they were fairly good.

Recently...I don't know what happened inside the Ministry, but I imagine a power play has gone on inside the Ministry and someone has realized that there is a tremendous lot of power with those million workers in terms of his 30 department and consequently we have been shifted from the Extended Coverage into the industrial sector. We are now back

MR. LAMBERT: (cont'd.) with the old-timers, we are back with Jim McNair and his Merry Men.

5 McNair is the man that when you ask for an interpretation says, "it says what it means, and it means what it says". We are back into that situation.

So I don't hold out that much hope anymore that we are going to have that good a dialogue with the Ministry. We haven't in the past so I don't see it is going to be any different.

10 Let me make a couple of other observations, because I think it's very important, this whole question of the Ministry's role. You have heard about it today. They sat here and they did their usual act. They told us how good they were...we are going to do this, we are going to do that. I've
15 seen it. I don't know how many times I've seen this. Not just in the province, across the country. I don't know how many times I've seen it.

I've seen the Ministry come in and tell us how good they are after the fact. They come in and tell us they are going to do some technical things. They are going to find
20 bodies after the fact, and yet all along we have been saying the problem exists, prevent it.

Okay, it's understandable because the philosophy has always been, industry has to regulate itself, self-regulation. All the Commissions, including the Commissions
25 out of Britain the the Robins Report, including the Ham Commission Report, never got away from that damn idea of self-regulation.

The Ministry, being under attack and being a minority government, had to do something about it. They
30 invented something. What did they invent? They invented this whole new thing of internal responsibility, and that's what we are into now, internal responsibility.

MR. LAMBERT: (cont'd.) All internal responsibility means is that you now...you don't play the game where you say, well, we are just management. You play the game now where you say, well, you can work it out because you have an Act. You can work it out.

There is a buffer now between the Ministry and the whole Act. There is this buffer, this joint health and safety committee.

Joint health and safety committees are a creature of us. We invented them, we demanded them, we asked for them. They are not the Ministry's idea. They are not management's idea. They are ours. And yet they have been turned against us.

DR. UFFEN: Well, I want to make sure I understand something here. Under the law as it stands now, does your organization have authority? You may have, you said, originated the notion, but the joint health and safety committee, is it part of your structure?

MR. LAMBERT: I'm sorry, is it part of...?

DR. UFFEN: Of CUPE?

MR. LAMBERT: You mean the national office?

DR. UFFEN: Yes.

MR. LAMBERT: Do we have a joint health and safety committee?

DR. UFFEN: Yes.

MR. LAMBERT: Yes. Well, we have a contractual committee. We've had it before, a contractual committee.

But we don't need one. We don't need one because we are in office, but yes, we do.

DR. UFFEN: What I'm trying to figure out is that if the law says there shall be some consultation and you write letters and say you don't get response, one possible solution is that your adversary doesn't think that you are the

DR. UFFEN: (cont'd.) correct agency. Is that true or not?

5 MR. LAMBERT: This is the national office. They don't think we are the correct agency? Well, they really...I mean we are the legal representatives of the members of CUPE.

DR. UFFEN: But are you the legal members of the joint health and safety committees that the boards of education deal with?

10 MR. LAMBERT: Our members are, yes.

DR. UFFEN: That's not the same thing, I think. Is it?

MR. LAMBERT: I don't know. Certainly the Act says we have the right as a union to appoint the members of that committee.

15 DR. UFFEN: The union appoints the members?

MR. LAMBERT: Yes, right. The labour members, the labour side.

20 DR. UFFEN: I genuinely haven't understood this yet. Would a local board feel that they should be dealing with the local representative and not answering letters to you up in Ottawa?

MR. LAMBERT: I don't know what they think. I only know seventy-eight out of a hundred and ninety-something bothered to reply to the question.

25 DR. UFFEN: Have you got an example of the reply so that we could see...what reason did they give you?

MR. LAMBERT: Oh, the ones who replied were okay, they told me what I wanted to know.

DR. UFFEN: Oh, fine. All right.

30 MR. LAMBERT: The other, they told me, you know, some of the questions that I asked, some of them were very good, others were terrible. They just said, there are no problems.

But if you like I can turn over copies of all

MR. LAMBERT: (cont'd.) those letters to you, if you wish to see them.

5 DR. DUPRE: Just to pursue Dr. Uffen's line of questioning, you approached and I guess this means the national office approached one hundred and ninety-three school boards, according to this brief?

MR. LAMBERT: Right.

10 DR. DUPRE: So I assume that what is going on here is that the national office writes to a hundred and ninety-three school boards. Now, did you have any knowledge of the number of joint committees that existed? In other words, did all of these school boards have joint committees at the time you wrote to them?

15 MR. LAMBERT: Well, we don't represent all of the school boards in Ontario. I mean, a lot of them aren't organized, or a fair number of them, so I couldn't give you that.

DR. DUPRE: Okay.

MR. LAMBERT: But basically I would say that of the ones that we represent...well, you are not going to see more than sixty percent that have committees in place, I don't think.

20 DR. DUPRE: Among those you represent, only a relatively small majority have set up committees at this point?

MR. LAMBERT: Well, no, more than a small...I would say more than fifty percent. This is just a guess, but not more than sixty percent have committees set up.

25 DR. UFFEN: Would that mean that the school board might be dealing with some other organization that they understand represents their employees, rather than your union?

MR. LAMBERT: Very possibly, very possibly.

DR. UFFEN: This is a possible explanation for why you didn't get a reply, is it?

30 MR. LAMBERT: Well, I'm not sure. I mean, this letter was sent out at the insistence of the Minister. The Minister instructed me to write to each school board and the

MR. LAMBERT: (cont'd.) information would be forthcoming. I mean, I didn't say I wanted...actually, I said I wanted it so we could establish the kinds of things that were going on so we could make presentations to you. That's what the letter said. It wasn't a joint health and safety thing.

DR. DUPRE: As a matter of interest, since seventy-eight have replied to your request, are most of those school boards where you are the bargaining agent for maintenance employees?

MR. LAMBERT: Most of them, yes.

DR. DUPRE: So at least the school boards where you are the bargaining agent had a better performance in responding to your letter than the others?

MR. LAMBERT: I don't know. I haven't done that kind of breakdown.

DR. DUPRE: I see. Could I simply ask this, I note your recommendation that this Commission should consider subpoenaing the reports and results of all tests taken in schools across Ontario. Let's suppose we did subpoena these reports. What would you have us do with them?

MR. LAMBERT: Well, because of the presentation today I don't think you need to subpoena. When I believed the Ministry, they told me they didn't have the results. Now we know differently. I don't think you have to subpoena, you can ask them for them.

What would I have you do with them? Give them to me, for a start. But basically I would like you to look at the difference between the programs of the schools that have taken the directive seriously and the majority of the programs throughout the province, because I would say that ninety-five percent of the school boards throughout the province have not done the kind of job that should be done. I think most of them attempted to do what the Windsor School Board did, and you saw

MR. LAMBERT: (cont'd.) this morning the results of a good program, an intensive program. It went from five boards to forty-something boards...schools, I mean...that were
5 finally identified as having asbestos. I would think that that kind of thing is prevalent in most of the school boards, so that's the reason I would like to see that kind of...

DR. DUPRE: I see. So basically what you are interested in is having us see what kinds of documents school boards have put out, and of course one that has recently come
10 out of Windsor now would stand as a model, if I understand it this morning. Originally, of course, it was a report that was most unsatisfactory. But is your point that if we looked at all of the reports that are now out, you would be looking for us to report to you on the extent to which there are major
15 differences among these reports, both in terms of quality, thoroughness, who did it, and so on?

MR. LAMBERT: If you look at the kind of letters I've got back, you'll see most of them say, we have inspected all the schools in our area and two have been identified as
20 having asbestos and we've solved the problem...or action has been taken in line with the Ministry instructions. That's all they say.

I can't get the other information. I mean, they won't tell me how they looked at the school boards, whether they just looked at the blueprints. They won't tell me the results
25 of any sampling that was taken, results of any analysis that was done. So you really can't assess what they have done.

My suggestion is that the only ones that have given us the results of the tests are the ones that have taken it a bit seriously, but the others just don't have any results except that they've looked...I don't know who...they've looked,
30 maybe their own engineer or maybe just the principal has looked at the blueprints and said no, no, no asbestos.

DR. MUSTARD: Can I ask a specific question?
Have you got a joint committee in the London School Board?

MR. LAMBERT: Yes, sir.

5 DR. MUSTARD: Have you asked for the information
from the London School Board, have they given it to you?
They have not given it to you?

MR. WADDELL: No, not as yet. We have not
received anything.

10 DR. MUSTARD: How long ago did you ask them?

MR. WADDELL: Pardon, sir?

DR. MUSTARD: How long ago did you ask them?

MR. WADDELL: About five weeks ago.

DR. MUSTARD: What are you going to do if they
do not give you the information?

15 MR. WADDELL: Well, we've given them a time limit
of two more weeks, and then we go to the Ministry.

DR. MUSTARD: Then presumably you would go to
the Ministry, because the Act is very specific about their
responsibility.

20 DR. UFFEN: I would like to change the subject
now, if I may. In your recommendations there is one which is a
bit different, a bit unusual, and whenever I see a new notion,
I want to explore it a bit. It's number six, "that the disposal
of asbestos be by dumping waste in unused mine
sites".

25 Is this the result of any study of the pros and
cons, advantages and disadvantages, that could be made available
to us, or is this an opinion about what might be done?

30 MR. LAMBERT: Well, I'm a miner by trade and I
know what big holes there are in the ground...and they are not
going to be used for anything. I mean, they are not going to
be opened up again, there is nothing going to be done with them.
The obvious place to put asbestos is back where it came from,

MR. LAMBERT: (cont'd.) where it didn't do any harm in the first place. I would imagine that it would be fairly easy to transport asbestos to mine sites and dump it. I mean, really there is so much open space underground that you could get rid of all the asbestos in the world in Sudbury.

DR. UFFEN: Well, if we may be personal, I'm a miner too. I have recently been engaged in an operation for dumping radioactive wastes back down such an obvious place, which is where they came from, and when we started to look into it we found that it wasn't at all simple and the 'not in my backyard' syndrome comes up, so I would like to ask you, would you include salt mines in the Sarnia area?

MR. LAMBERT: I hadn't thought of that, but I doubt it. Not salt mines.

DR. UFFEN: So there isn't any extensive study behind this recommendation?

MR. LAMBERT: No, it just seemed an obvious place to put asbestos.

DR. DUPRE: Well, Miss Aitkenson, gentlemen, may I thank you most warmly for your appearance here this afternoon, and for having come to Windsor from out of town. Thank you indeed.

The Commission is now adjourned.

THE INQUIRY ADJOURNED

THE FOREGOING WAS PREPARED
FROM THE TAPED RECORDINGS
OF THE INQUIRY PROCEEDINGS

Edwina Macht
EDWINA MACHT

